# L19000164721

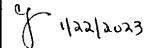
(Requestor's Name)
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### **COVER LETTER**

Registration Section Division of Corporations

JECT: OWENS LA	ANDSCAPING, LLC	•	<b>f</b>
, <u></u>	Name of Lim	ited Liability Company	<del></del>
inclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
e return all correspon	ndence concerning this matter	to the following:	
	David Owens		
		Name of Person	
	OWENS LANDSCAPING	G, LLC	
		Firm/Company	<del>-</del>
	337 Turkey Creek		
		Address	
	Alachua, FL 32615		
		City/State and Zip Code	
	deowens74@gmail.com		
	E-mail address: (	to be used for future annual report	notification)
further information co	oncerning this matter, please c	all:	
vid Owens		386 365-953	
Name of	Person	Area Code Day	time Telephone Number
losed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

FIL.ED

OWENS LANDSCAPING, LLC

2022 OCT 31 PM 1:56

( <u>Name of the Limited Liability Compa)</u> (A Florida Limited L	ny as it now appears on ou	records.)	
(A Florida Limited L	naturity Company)	TALLAHASSEE, FL	
rticles of Organization for this Limited Liability Company	were filed on 06/24/201	9 and assigned	
a document number L19000164721			
mendment is submitted to amend the following:			
amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
rWolf Tree Service LLC			
v name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
new principal offices address, if applicable:	s, if applicable: 4910 NE 48 CT HIGH SPRINGS 32643		
cipal office address MUST BE A STREET ADDRESS)			
that office data ess bross to 2.1.51 Kin. 1.71 DDK 2509			
	<del></del>		
new mailing address, if applicable:			
ng address MAY BE A POST OFFICE BOX)			
amending the registered agent and/or registered office a	ddress on our records	, enter the name of the new register	
and/or the new registered office address here:			
Name of New Registered Agent:			
Nan Dariotanal (1975an Addinasa			
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
<del> </del>	City	Zip Code	
legistered Agent's Signature, if changing Registered Agent:			
Registered Agent's Signature, if changing Registered Agent:			
by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete of the obligations of my position as registered agent as perfiled to merely reflect a change in the registered office	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is	
any has been notified in writing of this change.			
If Chan	ging Registered Agent, Sig	nature of New Registered Agent	

Name	<u>Address</u>	Type of Actio
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<u>10ved from our records:</u>

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ive date, if other than the da fective date is listed, the date must be If the date inserted in this block tent's effective date on the Depar	does not meet the applical	o date of filing or more the	(optional) nan 90 days after filing.) Purst puirements, this date will n	uant to 605.0207 not be listed as
d specifies a delayed effective da led.	ite, but not an effective tim	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
October 24th	2022	_ ·		
Man			·	
Sign	nature of a member or author	ized representative of a r	nember	
Gideon Owens				