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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: A+M TRee Teinmers, L Name of Limited Liability Compa	LC ny
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Orlando Almaquel Mesa Name of Person A+M Tree Trimmers, LLC Firm/Company	
817 Linnaen Ter. N.W. Address	
Hort Charlotte FL 33948 City/State and Zip Code	
Gentille Gencil. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maya Rodeiguez at (941) 786- Name of Person Area Code &	7691 Daytime Telephone Number
Mailing Address:Street AddRegistration SectionRegistratioDivision of CorporationsDivision ofP.O. Box 6327The CentreTallahassee, FL 323142415 N. Me	ress: n Section Corporations of Tallahassec onroe Street, Suite 810 e. FL 32303
Enclosed is a check for the following amount:	RECEIVED NOV 1 3 2023
□ \$25 Filing Fee	Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 N:	ame of the limited liability company: $A + \mathcal{L}$	1 Tree	TRIM	mers LLC	
	2115 Tea Street Port Charlot	HR, FC- (1	b) <u>817</u>	Linnaen Ter	N.W. Port Char
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	: 33949	8	Mailing address of limit (Note: MAY BE POS	
					
	Aug. 31, 2023 Date of filing/registration in Florida		L 19	000148264	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the record		D	_ -	2
	2115 Tea St. Port Charlot		=	ate:	na s
	All 5 ea St. 10kt (MRIOT- Registered Office Address <u>(MUST BE FLORIDA STRE</u>			_	FILED PILED SECRETARY OF STATE SECRETARY OF STATE
	2115 Tea St.		<u> </u>		EP-8 P
		7.20	4 T	_	
	Port Charlotte	. fl <u>. 3<i>3</i>9</u>	<u>48</u>		-S
dsi	Raybert Hernandez Drt.	o 7			31
(0)	Enter name of NEW Registered Agent and/or NEW Regist		idress:		
	NEW Registered Office Address:			******	
	8680 Well DR. Ste. 101	<u></u>		<u> </u>	
	Naples	, FL <u>34/</u> (24		
change agent v	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members.	the registered liability ec	ed office a impany, it	nd the business office is hereby confirmed:	of the registered that the change(s)
the arti	icles of organization or the operating agreement of	the limited l	liability co	m <u>p</u> any.	•
\mathcal{M}	DIA TOTAL authorized representative of a member		Maya	Redeiguez Printed or typed name	
	the accept the appointment as registered agent and			• •	-
provisi the obl. to mere	oy accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	leie perform ided for in (s, I hereby co	ance of my Chapter 60 Onfirm tha	pactive 1 juriner agre duties, and Lam fam 15, F.S. Or, if this doc t the limited liability of	e to comply with the iliar with and accept cument is being filed company has been