119000 177067

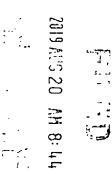
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Danish Alisa bar) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



500333107515

08/20/13--01021--001 **30.00



COVER LETTER

| Division of Cor | porations | `~ | |
|-----------------------------|--|---|--|
| Our Tree G | uy LLC | | |
| 30Dane1. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Jacob Johnson | | |
| | | Name of Person | |
| | Our Tree Guy LLC | | |
| | | Firm/Company | |
| | 275 E Deshler Ave | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Columbus, OH 43206 | | |
| | jjohnson@ourtreeguy.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please co | all: | |
| Jacob Johnson | | 608 852-9485 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

TO:

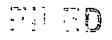
Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Our Tree Guy LLC

company has been notified in writing of this change.

2019 ATG 20 AM 8: 44

| | ility Company as it now appears on our records.). ida Limited Liability Company) | *** i. |
|---|--|--------------------------|
| | False Oak 2010 | |
| The Articles of Organization for this Limited Liability | Company were filed on July 9th, 2019 | and assigned |
| Florida document number L19000177067 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADE | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| D. Marrie P. al. Carrie A. M | | |
| | | ter the name of the |
| | | ter the name of the |
| | | ter the name of the |
| registered agent and/or the new registered office ad Name of New Registered Agent: | | ter the name of the |
| registered agent and/or the new registered office ad | | ter the name of the |
| registered agent and/or the new registered office ad Name of New Registered Agent: | Enter Florida street address | |
| | dress here: | |

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|---------------------|----------------|
| AMBR | Tregg Hayden | 8232 Hartington Dr. | |
| | | | ∆ dd |
| | | Navarre, FL 32566 | 7 . |
| | | | Remove |
| | | | ☐ Change |
| | · | | |
| | | | ☐ Remove |
| | | - | □ Change |
| | | | Add |
| | | | Remove |
| | | | □ Change |
| | | | ☐ Add |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | |
| | | | Change |

| | Please make Jacob Johnson the 100% owner of Our Tree Guy LLC |
|---------------------------|--|
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| , | |
| | |
| | |
| | |
| , | |
| | |
| | |
| | |
| E. Effect | 08/16/19 ive date, if other than the date of filing:(optional) |
| (If an ef <u>Note:</u> | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | August 16, 2019. Signature of a member or authorized representative of a member |
| | May the |
| | Signature of a member or authorized representative of a member |
| | Jacob D Johnson |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00