L19000177067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per Jacob Johnson
File Amendment
12/2/19

Office Use Only

500335291035

430

2019 DEC -2 PM 1:23

cus
+ Amend

DEC 02 2019

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Our Tree Guy LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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
City/State and Zip Code

jao.johns@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Johnson at (608) 852-9485
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2019

JACOB JOHNSON
OUR TREE GUY LLC
275 E. DESHLER AVE
COLUMBUS, OH 43206

SUBJECT: OUR TREE GUY LLC
Ref. Number: L19000177067

We have received your document for OUR TREE GUY LLC and yuor check totaling $35.00. However, the enclosed document has not been filed and is being returned for the following reason:

Your document is being returned as requested.

A refund in the amount of $30.00 will be issued. Please allow at least 60 to 90 days for the refund to be processed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00023080

RECEIVED
2019 DEC -2 PM 12:23

Irene,

Please file this amendment per our phone conversation. I am the only person allowed to make changes to the LLC per the Statement of Authority.

Jacob Johnson

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Our Tree Guy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

275 E Deshler Ave
Columbus, OH 43206

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Andrew M. Spencer, esq.

New Registered Office Address: 125 E. Intendencia Street, 4th Floor
Enter Florida street address

Pensacola, Florida 32502
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	Tregg Hayden	8232 Hartington Dr	☐ Add
		Navarre, FL 32566	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

October 15, 2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 15, 2019.

Signature of a member or authorized representative of a member

Jacob Johnson

Typed or printed name of signee

Filing Fee: $25.00