

L19000 187815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

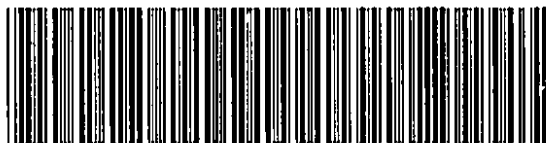
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** It's A Tree Life, 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:

James C. Wade III

\_\_\_\_\_  
Name of Person

It's A Tree Life, LLC

\_\_\_\_\_  
Firm/Company

1106 N. Shannon Ave.

\_\_\_\_\_  
Address

Plant City, FL 33563

\_\_\_\_\_  
City/State and Zip Code

itsatreeclife@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandi Sharpe

\$13 760-6632

at ( )

\_\_\_\_\_  
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 Address:**

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

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James C. Wade III	1106 N. Shannon Ave.	<input checked="" type="checkbox"/> Add
		Plant City, FL. 33563	<input type="checkbox"/> Remove
		(Address change)	<input checked="" type="checkbox"/> Change
MGR	Brandi N. Sharpe	1106 N. Shannon Ave	<input type="checkbox"/> Add
		Plant City, FL. 33563	<input type="checkbox"/> Remove
		(Address change)	<input checked="" type="checkbox"/> Change
MGR	John Geschwender	1802 S. Saint Cloud Ave.	<input checked="" type="checkbox"/> Add
		Valrico, FL. 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated June 16, 2020

Francis James

Signature of a member or authorized representative of a member

Brandi N. Sharpe

Typed or printed name of signee

**Filing Fee: \$25.00**