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## **COVER LETTER**

•	istration Sedision of Cor	•		
SUBJECT:	Simply Tree	es of Florida LLC		
		Name of Limi	ted Liability Company	<del></del>
The enclosed	Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Tyler Kaulbars		
			Name of Person	
		Simply Trees of Florida LL	ά.	
			Firm/Company	<del> </del>
		7055 White Willow Court		
		-	Address	
		Sarasota, FL 34243		
		tyler@simplytreestla.com	City/State and Zip Code	<u></u>
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	H;	
Tyler Kaulba	irs		941 350-8542	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 Fi	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLY TREES OF FLORIDA LLC  (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{10000000000000000000000000000000000$	\$/09/2019	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :		
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L	.IC."
Inter new principal offices address, if applicable:		<del></del> _	
Principal office address MUST BE A STREET ADDRESS)		019	
<del></del>		SE	
		25 PH 6	en ermeny en rypnys )
nter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	<u> </u>	10
	<del>.</del>	0.0	
s. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:	n our records, <u>enter</u>	the <u>name</u>	of the no
Name of New Registered Agent:			
New Registered Office Address:			
Enter Flo	rida street address		

## 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.

City

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>	Type of Action
VP	Antonio Domenech	17420 Stepping Stone Drive Fort Myers, FL 33967	<b>□</b> Add
			Remove
			Change
VP	Tara Domenech	17420 Stepping Stone Drive Fort Myers, FL 33967	Add
			Remove
		<del></del>	☐ Change
		<del></del>	□ Add
			Remove
		<del> </del>	Change
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Note: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	does not meet the ap	plicable statutory filing	( <b>optional</b> ) ore than 90 days after filing.) F g requirements, this date w	Pursuant to 605,0207 (3) ill not be listed as the
the record spe The 90th da	cifies a delayed eff y after the record	ective date, but is filed.	not an effective ti	me, at 12:01 a.m. or	n the earlier of:
Dated Septemb	r 18	2019			
	(		<del></del> ·		
	Sign	autre of a member or a	authorized representative	of a member	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00