L19000231001

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| SUBJECT: | NORTON TI | REE SERVICE, LLC | | |
|----------------|----------------|--|---|--|
| SUBJECT | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspond | dence concerning this matter | to the following: | |
| | | W. Scott Newbern | | |
| | | | Name of Person | |
| | | W. Scott Newbern, PL | | |
| | | | Firm/Company | |
| | | 2982 Giverny Circle | | |
| | | | Address | - |
| | | Tallahassee, FL 32309 | | |
| | | | City/State and Zip Code | |
| | | wsnewbern@msn.com | | |
| | | E-mail address: (t | o be used for future annual report noti | fication) |
| For further in | formation cor | cerning this matter, please ca | dl: | |
| W. Scott Nev | wbern | | 850 591-1707 | |
| | Name of I | Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a | check for the | following amount: | | |
| □ \$25.00 Fi | ling 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

TO:

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**

19 OCT 22 PM 2: 03

NORTON TREE SERVICE, 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 Con- | npany were filed on 09/ | 12/2019 a | nd assigned |
|--|--|---|----------------------------|
| Florida document number L19000231001 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the de | signation "LLC" or the abbreviat | ion "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE. | <u>SS)</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: | | our records, <u>enter the n</u> | ame of the |
| New Registered Office Address: | | | |
| | Enter Floric | la street address | |
| | Circ | Florida | |
| New Registered Agent's Signature, if changing Registered A | • | Ζιφ | Code |
| | | and the LE allows are a | , ., |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered accompany has been notified in writing of this change. | plete performance of n it as provided for in Cl | ry duties, and I am familionapter 605, F.S. Or, if this | ir with and document is |
| Ī | f Changing Registered Age | nt, Signature of New Registered | Agent |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---|----------------|
| MBR | LARODICK JONES | 4455 Shaelfer Rd., Tallahassee, FL 32304 | ■ Add |
| | | | Remove |
| | | | Change |
| MBR | WALLACE FOOTMAN | 951 Captram Rd., Tallahassee, FL 32317 | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
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| If an effective Note: If the | date, if other than the date of filing: |
| ne record : The 90th | specifies a flelayed effective date, but not an effective time, at 12:01 a.m. on the earlier aday after the record is filed. |
| Octob | per 21 2019 |
| | Signature of a member or authorized representative of a member |
| V | V. Scott Newbern, Esq., Authorized Representative |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00