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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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2022 SEP 20 AH II: 10



August 26, 2022

ALEXANDER GONZALEZ ALEX TREE SERVICES LLC 7512 N HUBERT AVE TAMPA, FL 33614

SUBJECT: ALEX TREE SERVICES LLC

Ref. Number: L19000232620

We have received your document for ALEX TREE SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Letter Number: 722A00019057

Sean Toner Director

www.sunbiz.org

COVER LETTER

TO: Registration Division of C			RECEIVED
ALEX T	REE SERVICES LLC		
SUBJECT:			2022 JUN 10 AM 8: 07
	Name of Lin	nited Liability Company	0011 10 AM 8: 07
			SEDRE DATE LA
The control Aut 1		5. 1.8	MALLAMASSEE, FL
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	ALEXANDER GONZAL	EZ	
		Name of Person	
	ALEX TREE SERVICES	LLC	
		Firm Company	
	Firm-Company		
	7512 N HUBERT AVE		
		Address	
	TAMPA, FL 33614		
	••	City/State and Zip Code	
	ALEXHAULING@YAHO	O.COM	
	E-mail address: (to be used for future annual report not	fication)
For further information	reoncerning this matter, please c	all;	
ALEXANDER GONZ	ALEZ	813 4813563	
Name	e of Person	at () Area Code Daytin	ne Telephone Number
. 1	0011 013011	Area Code Dayini	ic reteptione symber
Enclosed is a check for	r 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 gadditional copy is enclosed)
Mailing Addi		Street Address:	
Registration		Registration Se	
P.O. Box 6.	Corporations	Division of Cor The Centre of T	•
Tallahassee			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 20 AH 11: 10 ALEX TREE SERVICES 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 09/16/2019 and assigned Florida document number L19000232620 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.L.C." 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) 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: New Registered Office Address: Enter Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LEONEL GONZALEZ	3802 SPENCE AVE	
		TAMPA FL 33614	
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Effective date. If other than the date of filing: OS/13/2022								
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