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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AST OUTDOOR SERVICES 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:
Tyler ASH OR A-USTYN COLEMAN Name of Person
ASTI OUT DOOR SERVICES LLC Firm/Company
81 Spinnaler Circle
South Daytona, FL 32119
South Daytona, FL 32119 City/State and Zip Code
Ty. ASH 1000@ gmcul.com E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
Name of Person at (38L) 808 - 9264 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certif

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ASH OUTDOOR SERVICE	CES LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appe ited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 19000266453</u>	oany were filed on _	10/23/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited FLORIDA STUMP PRO'S	2 110		Lordation N. I. C."
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	e designation "LLC" or the ab	breviation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on ou	r records, <u>enter the nan</u>	ie of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter i	Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	<u> gent:</u>		

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
			□Add
			□ Remo ve
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			□Remove
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			□Remove
			☐ Change
			□Add
			Remove
			□Change

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l amending any (other information, enter	change(s) here. (216	u(1) attantontii sheets,	y necessary	
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f an effective date is Note: If the date i	other than the date of fil listed, the date must be specific inserted in this block does no ive date on the Department of	and cannot be prior to dat it meet the applicable :	e of filing or more than 90 ((optional) days after filing.) Pursuant to ents, this date will not be	605.020 listed a
e record speci The 90th day	ifies a delayed effectiv after the record is file	e date, but not an ed.	effective time, at 1	12:01 a.m. on the ea	arlier (
Dated JUL	Y 30 th Manual Signature	2020 Me Mulionia a member or authorized	representative of a memb	er	-
	Austyn	Co Leman Typed or printed na			_

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