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COVER LETTER

	Registration Se Division of Cor			
		ree Service, LLC		
SUBJEC'	!:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		Cindy Hardee		
			Name of Person	
		ree Service, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing, andence concerning this matter to the following: Cindy Hardee Name of Person Beauchamp & Edwards CPAs Firm/Company PO Box 1777 Address Chiefland, FL 32644 City/State and Zip Code aandstreeservice@hotmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: of Person at (352) 493-4808 Area Code Daytime Telephone Number he following amount: S30,00 Filing Fee & Certificate of Status Certificate of Status Street Address: Street Address: Street Address:		
		-	Firm/Company	
		PO Box 1777		
			Address	
		Chiefland, FL 32644		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Cindy Ha	ırdee			
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	he following amount:		
≅ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration 5			etion
	Division of C		Division of Cor	
1	P.O. Box 632	27	The Centre of T	
-	Tallahassee	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crawford Tree Service, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recor- ned Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	and assigned	
Plorida document number L20000010447		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	20
A & S Tree Service, LLC		2020 J
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LL	
Enter new principal offices address, if applicable:		27
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
	- <u></u>	ψ 02
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:	fice address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	, l	Florida Zip Code

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.

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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific block does no	and cannot be prio at meet the appli	r to date of filing coable statutory f	or more than 90 days a	ptional) after filing.) Pursu this date will no	ant to 605,0207 (of be listed as t
document's effective date on the	Department (of State's records	i.			
ne record specifies a delayed effectord is filed.	ive date, but	not an effective t	ime, at 12:01 a.	m, on the earlier of	(b) The 90th	day after the
Dated		2020				
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	f	('				
.	Signature o	f a member or auth	orized representa	tive of a member		

Filing Fee: \$25.00