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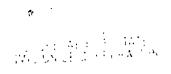
COVER LETTER

TO: Registration Section

Division of Cor	porations				
M GUZMa	AN CONSTRUCTION, INC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MIGUEL GUZMAN MAI	RTINEZ			
		Name of Person			
	M GUZMAN TREE CAR	E SERVICES LLC			
		Firm/Company			
	8321 DOT LN				
		Address			
	ORLANDO, FL 32809				
		City/State and Zip Code			
	americataxservices@gmail.	com to be used for future annual report to	offication)		
For further information of	concerning this matter, please c		,		
MIGUEL GUZMAN M	ARTINEZ	407 7613715			
Name of Person		at () 7613715 Area Code Dayt	ime Telephone Number		
, mile v			······································		
Enclosed is a check for t	he 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 (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 633			The Centre of Tallahassee		
Tallahassee,		2415 N. Mon	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



M GUZMAN TREE CARE SERVICES LLC

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(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 $\frac{01/23/2020}{1}$ _____ and assigned Florida document number _____L20000029989 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 City

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:

MGR =	Manager	
AMBR =	Authorized	Member

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<u>Title</u>	<u>Name</u>	Address 21 Al	JE -5 FH 3. 40	Type of Action
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 Effective date, if other than ((If an effective date is listed, the date 	must be specific and cannot be prior to	o date of filing or more than 90 c	_ (optional) lays after filing.) Pursuant to 605.0207 (3)
	s block does not meet the applical Department of State's records.	ble statutory filing requirement	ents, this date will not be listed as the
f the record specifies a delayed effer ecord is filed.	tive date, but not an effective tin	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Dated	. 2021	_ ·	
· Ma	Signature of a member or author		
X1//9Cel	Signature of a member or author	ized representative of a membe	r
MIGUEL GUZMAN			

Filing Fee: \$25.00

Typed or printed name of signee