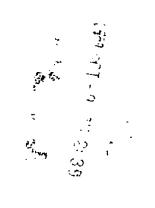
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
	(City/State/Zip/F11011e #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer;
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C. GOLDEN 0CT 1 2 2020

COVER LETTER

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bushwackers Tree Service LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>O</u>	6/12/2020 (and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company her	<u>r</u> :
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		<u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la street address
	City	, Florida
a Danietarad Agant's Signatura if shanging Dagietarad	,	гар Соце

<u>v Registered Agent's Signature, if changing Registered Agent:</u>

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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

<u>Title</u>	Name	Address	Type of Action
HMBR	Ronald Rueth	53 Squaw Pol. Crawfordville, Fl. 3233	XAdd
		Crawfordville, Fl. 3233	☐ Remove
			□Change
			□Add
			Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	<u> </u>
_	
Note: I	re date, if other than the date of filing:
record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	October 9th 2020. Signature of a member or authorized representative of a member Rught

Typed or printed name of signee