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DIVISION OF CURPTION TALLANASSEE, FLORIDA

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COVER LETTER

O: Registration Se Division of Cor			
SUBJECT: BUS	Sh wackers Name of Limi	Tree Service ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ronald	Rueth Name of Person	
	Bushwack	Firm/Company	<u>le UC</u>
	<u>53</u> Sq.	man Rd.	
	Crawford	ville, Fl. 32	327
	Cocoo Bush u	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	vicellagmail con
For further information c	oncerning this matter, please ca	all:	
Katelyn 1	Zueth FPerson	at (<u>850</u>) <u>405-2</u> Area Code Daytin	2407 ne Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of 1	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bushwackers J	ree Service L		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Companies.	ny were filed on <u>66-12-20</u> 2	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e 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 agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	• • •	·
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street address	<u> </u>	>
	, 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being auccurremoved from our records:

AGR = Manager AMBR = Authorized Member

<u>Γitle</u>	<u>Name</u>	Address	Type of Action
MGR	Ronald D. Rueth	53 Squaw Rel.	□Add
		53 Squaw Rel. Crawfordville F1. 32327	
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			🗆 Add
			□Remove
			□Change
	 		□Add
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(If an e	ffective date is listed, If the date inserte		c and cannot not meet th	e applicable statutory		(optional) 00 days after filing.) Pursuant to 60: ements, this date will not be list	
he reco		ved effective date, bu	t not an eff	ective time, at 12:01	a.m. on the ea	arlier of: (b) The 90th day afte	er the
Date	a Octobe	er, 30th	<u>X</u>	<u> </u>			
		Vell Signature	of a member	or authorized represer	ntative of a mer	nber	
	<u>V</u>	itelyn '	Ruct	or printed name of sig	nee		

Filing Fee: \$25.00