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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Security Division of Corp.	porations *		
SUBJECT: Ben	S Tree Serv Name of Lim	VICE and Jun ited Liability Company	K Removal LLC
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Breana	Ram rajie Name of Person	
		Firm/Company Address 7((17)	
	Bxr9170 E-mail address:	City/State and Zip Code 9 mail. Com 10 be used for future annual report notifi	cation)
	oncerning this matter, please on Ram (a)	all: / e at (352) 537 - Area Code Daytime	1915 Telephone Number
Enclosed is a check for th	e 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 Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Sectorision of Corp The Centre of Ta	oorations allahassee
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12

Ben's Tree Service		moval LLC
(A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 200022423	pany were filed on July 28,2	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here: Ben's Ju	nk Removal L
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	_ ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered off	F	1.3
agent and/or the new registered office address here:	ice address on our records, <u>enter the nan</u>	ne of the/new registered 중입 주인
		1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	, Florida	Zin Cada
	Cuj	zap Come

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
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