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A. BUTLER
JAN 27 2022

COVER LETTER

TO: Registration Section of Corp.	orations		
SUBJECT:	ames Tree S	service and E	Equipment Leasing LLC
	Name of Lim	ited Liability Company	T T
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		es Hetman Name of Person	
	James Tree Se	rvice and Equipi	mentleasing LLC
	848	E4th St.	
	Eugle	City/State and Zip Code THE AUY OVE TO be used for fature annual report notifi	-23
	F-mail address: (TEE Q VY Q VE to be used far liture annual report notif	rizon. Net
For further information con	acerning this matter, please ca	ali:	
Jemes He	Aman	at (941) 246 Area Code Daytime	- 0365 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	ction
Division of Corporations		Division of Con	porations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jumes Tree Service and Equipment Leasing LLC The Articles of Organization for this Limited Liability Company were filed on 9-17-2020 and assigned Florida document number L20000272983 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

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.

City

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 Title Name Type of Action Stacy Trenkle 848E 4th St, Englewood, Frado □Remove _____ □Change ______ 🗆 Add _____ □Remove __ _ _ Remove ___ Remove _____ Change _______ □Add _____ □Remove _____ Change _____ □Add _____ □Remove

_____ Change

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Note: If	e date, if other than the date of filing:
ord is filed	
_	January 13, 2022.
Dated	1/W th
Dated	Signature of a member or authorized representative of a member James J Hetman

Filing Fee: \$25.00