LZ0000364894

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900355795089

01/08/21--01023--011 **30.00

PILED 2021 JAN-8 PM 2:35 SECRETABLOTESTATE

1 Ba

COVER LETTER

Division of Cor	porations	•	.• •
SUBJECT: Level	ed Forestry r	Mulching 3 Travited Liability Company	ctor Services
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jack Sui	Name of Person	
	Leveled Forest	Firm/Company 3T	cactor Services
	1094 under	thill aves	
		FL 32909 City/State and Zip Code	PH 2:
	JackSuiter9 E-mail address (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	alt:	
Jack Suil Name o	f Person	at (<u>32-1</u>) <u>213 - S</u> Area Code Daytime	e Telephone Number
Enclosed is a check for th	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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address:
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

Leveled Forestry mulching 3 Tractor services Lic.

(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 Liab	ility Company	were filed on <u>Nov</u>	<u>V. 18 2020</u> a	and assigned
Florida document number <u>L 200036</u>	1894			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company here:		
Leveled tractor Ser	lices L	LC,		
The new name must be distinguishable and contain the word	ds "Limited Liabili	ity Company," the design	ation "LLC" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicab	le:	1094 un	derhill ave.	SE
(Principal office address MUST BE A STREET ADDRESS)		Palm bay, FL 32919		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered office address	istered office a		der Mile augustus 22 22 22 22 22 22 22 22 22 22 22 22 22	; ; ;)
Name of New Registered Agent:				
New Registered Office Address:	Anderhill Enter Florida st			
	Paim	bay	, Florida <u>329</u>	.09
		City *	Zip	Code
New Registered Agent's Signature, if changing Reg	ictored Agent.			

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			🗀 Add
			□ Remove
			☐ Change
		2.7 2.7 2.7 2.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3	
			Remove
			□Change
			□Add
			□ Rеточе
			□Change
			🗆 Add
			□ Remove
			□Change

				-	
			S 四氏	202	
				MAN	
				ය 	
			- 100	P	9 8 8
			<u></u>		
				ည	·
			_		
	.				
ective date, if other than the date of filing:	1-17012	021	(optional)		
effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the a	e prior to date of ti	ling or more than 90	days after filing.		
ument's effective date on the Department of State's red		, , ,			
cord specifies a delayed effective date, but not an effect	tiva tima at 12:0	ll a mi on the ear	liar of the Th	s OOrle d	lav attur
s filed.	tive time, at 12.0	or a m. on the ear	Herol, (b) Th	e s oun d	ay arter
1 2 2 2 2					
$\frac{1}{1} - \frac{3}{3} - \frac{2021}{202}$	· ·				
Mr All					

Filing Fee: \$25.00