# L20000383357

(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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> JUN 30 2021 ! ALBRITTON

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/29/2021			⇔WALK IN⇔
ENTITY NAME_SOF	FLO LANDSCAPE E	XPERTS, LLC	
DOCUMENT NUMBER	RL20000383357		
	**PLEASE FILE	THE ATTACHED AND RETURN**	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of State	ius	
	Certified Copy of 1 Certificate of Good	Arts & Amendments  Standing	
	**APOSTILLE',	/ NOTARIAL CERTIFICATION**	
COUNTRY OF DESTIN	IATION		<del></del>
NUMBER OF CERTIFIC	CATES REQUESTED		<del></del>
TOTAL OWED \$25.0	00	ACCOUNT #: 12016000007	72
Please call Tina at	the above number f	for any issues or concerns. Thank you s	ro much!

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	O ORGANIZATION OF	183 11 20 MH 10:32
SoFlo Landscape Experts LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	ري آن
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000383357</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Subtropical Arborists LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15710 sw 109th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33157	
Enter new mailing address, if applicable:	15710 sw 109th Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33157	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	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. Thereby 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>	<u>Name</u>	Address	Type of Action
AMBR	Benyah S Andressohn	15710 sw 109th Ave	<b>≣</b> Add
· ————————————————————————————————————	Miami, FL 33157	□Remove	
			□Change
AMBR Nicholas Joseph Koenig	Nicholas Joseph Koenig	411 NW 37th Street	■Add
		Apt 2	□Remove
		Miami, FL 33127	Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
		ClChange	
		□Remove	
		Change	
		□Remove	
			□ Change

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requited document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ord is filed.  Dated June 29th 2021	
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ord is filed.	(optional) n 90 days after filing.) Pursuant to 605.0207 (2 irements, this date will not be listed as th
Dated June 29th 2021	earlier of: (b) The 90th day after the
/s/ Michael J Wurster	
Signature of a member or authorized representative of a m	ember
Michael J Wurster	

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Filing Fee: \$25.00