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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-JP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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Sunshine State Corporate Compliance Company

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

| DATE 1/29/2021 | ******* | 7 B |
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| 001711 | **WALI | (IN |
| ENTITY NAME SOUTH | WOOD TREE SERVICES LLC | |
| DOCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXX | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATION | ON | |
| NUMBER OF CERTIFICATI | ES REQUESTED | |
| TOTAL OWED \$25.00 | ACCOUNT #: I20160000072 | |
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| Places sall Time at the | c above number for any issues or concerns. Thank you so much! | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southwood Tree Services LLC (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 Liability Company were filed on 12/22/2020 and assigned Florida document number 1.21000001908 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 "LLC." 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------|---|----------------|
| AMBR | Rodrigo Fernando Menjivar | 1608 Rawhide CT Tallahassee , FL 32310 | ⊟ Add |
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| Note: If | e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records. | 5,0207 (ted as 1 |
| he reco The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed. | er of: |
| Dated _ | 01/28/2021 | |
| | Enko | |
| | Signature of a member or authorized representative of a member | |
| | | |

Page 3 of 3

Filing Fee: \$25.00