21000001908

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COVER LETTER

O:

Registration Section Division of Corporations

UBJECT:	Name of Lin	ited Liability Company					
ne enclosed Articles of	Amendment and fee(s) are sub-	emitted for filing.					
ease return all correspo	ondence concerning this matter	to the following:					
	Luis Flores						
		Name of Person					
	ZenBusiness INC						
		Firm/Company					
	336 E. College Ave Suite	301					
		Address					
	Tallahassee, FL 32301						
		City/State and Zip Code					
	fulfillment@zenbusiness.co		_ •				
	E-mail address: (to be used for future annual report notification)	7023 7023				
or further information c	concerning this matter, please c	all:	2023 HOV 15				
lo ZenBusiness INC		844 493-6249 at ()	ज ज				
Name o	f Person	Area Code Daytime Telephone N	PH 2: 4				
iclosed is a check for the	he following amount:		— —				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)				
Mailing Addres Registration 9 Division of C	Section	Street Address: Registration Section Division of Corporations					
P.O. Box 632	•	The Centre of Tallahassee					
Tallahassee.	FL 32314	2415 N. Monroe Street, Su	ite 810				

Tallahassee, FL 32303

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 and assigned lorida document number

[L21000001908]

This amendment is submitted to amend the following:

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".

Inter 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)

The amending the registered agent and/or registered office address on our records, enter the name of the flow registered gent and/or the new registered office address here:

ew Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and coept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u> itle</u>	<u>Name</u>	Address	Type of Action
AMBR	Menjivar, Rodrigo F	1608 rawhide CT	
		Tallahassee, FL 32310	≡ Remove
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