12100036379

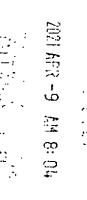
(Re	equestor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200363639742

04/09/21--01013--035 **60.00



O BRUCE WAY 29 2021

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

n attons	.,	•			
Frees Creative Solutions LLC	•				
Name of Lim	ited Liability Company				
mendment and fee(s) are sub	mitted for filing.				
	-				
<i>-</i>	Ü				
Matthew Siska					
	Name of Person				
Among The Trees Creative	Solutions LLC				
	Firm/Company		··		
17246 Ashcomb Way					
	Address				
Estero/FL/33928					
	City/State and Zip Code				
- -		nor notification	<u> </u>		
			,		
······································		1701		. 2	
1	at ()	Donalmy Polya	h Neumber		
erson	Area Code	Daytine Telepi	ione Number		
Call and an amount					
_		_			<u>.</u>
Certificate of Status	Certified Copy		Certificate Certified (e of Status & Copy	
retion rporations	-				
	Mame of Lim mendment and fee(s) are sub dence concerning this matter Matthew Siska Among The Trees Creative 17246 Ashcomb Way Estero/FL/33928 matthewsiska@gmail.com E-mail address: (incerning this matter, please concerning this matter.	Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Matthew Siska Name of Person Among The Trees Creative Solutions LLC Firm/Company 17246 Ashcomb Way Address Estero/FL/33928 City/State and Zip Code matthewsiska@gmail.com E-mail address: (to be used for future annual referencements this matter, please call: at (239 241) Area Code following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) ection Street Address Street Address Certificate of Status Street Address Street Address	Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Matthew Siska Name of Person Among The Trees Creative Solutions LLC Firm/Company 17246 Ashcomb Way Address Estero/FL/33928 City/State and Zip Code matthewsiska0@gmail.com E-mail address: (to be used for future annual report notification neerning this matter, please call: at (Name of Limited Liability Company	Name of Limited Liability Company

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Among The Trees Creative Solutions LLC

company has been notified in writing of this change.

(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 $\frac{01/19/2021}{1}$ ____ and assigned Florida document number L21000036379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tree's Marketing Solutions LLC 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 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 \widetilde{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

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
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Remove
			☐Change
			Remove.
			□Remove
		<u> </u>	☐Change
			□Adid
			□Remove
			□Change

					
				- <u> </u>	
					· · · · · ·
					-
				<u>.</u>	
	<u></u>				
				r.:	2
		-		ZI.	021 A
			· ·	7.	20
				(7)	
	· · · · · · · · · · · · · · · · · · ·				<u> </u>
					±0 :8
fective date, if other than the date of the date is listed, the date must be one: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be p c does not meet the ap	olicable statutory fil	more than 90 days after t	n al) iling.) Pursu date will n	iant to 605.03
ecord specifies a delayed effective d is filed.	ate, but not an effectiv	e time, at 12:01 a.n	i. on the earlier of: (b)	The 90th	ı day after tl
tted March 25	. 2021	·			
Morthew	Lika gnature of a member or a				