

121 000183833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

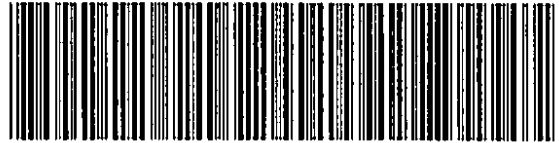
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2022 APR -1 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: FLYING HIGH TREE SERVICES LLC
Name of Limited Liability Company

2022 APR -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS K JAMES SR

Name of Person

FLYING HIGH TREE SERVICES LLC

Firm/Company

8154 CLOVERGLEN CIR

Address

ORLANDO, FL 32818

City/State and Zip Code

dougjames0715@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS JAMES

321 2970886
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED

2021 APR -1 PM 4: 11;

SECRETARY OF STATE
TALLAHASSEE, FL

FLYING HIGH 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 04/20/2021 and assigned
Florida document number L21000183833.

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 "L.L.C."

Enter new principal offices address, if applicable:

8154 CLOVERGLEN CIR

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32818

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

Florida

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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOUGLAS K JAMES SR	8154 CLOVERGLEN CIR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TABRISHA CARWISE	719 JERNIGAN AVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KYKESHA ROMAIN	807 S PARAMORE AVE APT 3204	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Douglas James
Signature of

DOUGLAS K JAMES SR

Filing Fee: \$25.00