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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FORESTRY MUICHING OF Tampa, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tack Emil Picch Jr. Name of Person
Forestry Mulching of Tampa, ILC Firm/Company
2533 Wise Rd. Address
ZEPHYCHILLS FL 33546 City/State and Zip Code
for egry mulching att-ampu a gmail. com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Tack Emil Pioch Jr. Name of Person at (£13) (07 £ - 3778 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 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

Fortstry Mulching of (Name of the Limited Liability	Company as it now appears on our reclimited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 21 0002 2 3 41 2</u>		rt 2021 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		22
Enter new mailing address, if applicable:		F 2
(Mailing address MAY BE A POST OFFICE BOX)		
		-
		12
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
<u></u>		Florida
	Ciţ	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 amending Authorized Person 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
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			©Remove
			□ Change
			□ Add
			□Remove
			□Change

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