## L21000253258

(Request	or's Name)
(Address	)
(Address	)
(City/Stat	se/Zip/Phone #)
PICK-UP	] WAIT MAIL
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(Docume	nt Number)
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## **COVER LETTER**

Division of Corp			
SUBJECT:	ees Cut Ch	neaper LLC ited Liability Company	
	mendment and fee(s) are sub	_	
	Sandra	Zaiser Name of Person	
	Trees C	ut Cheaper LLC	<u>-</u>
	1645 Calo	dwell Rd	
		City/State and Zip Code  tcheaper 2021 to be used for future annual report noti	
For further information co	E-mail address: (i	·	heatr <b>es</b> t)
Sandra Z	QISEC Person	at (386) 299-3 Area Code Daytim	3477 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	

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**

Trees (	out Cheaper LLC
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed onand assigned
Florida document number <u>L 21000253</u>	<u> 258</u> .
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE)	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, enter the name of the new registes s here:
Name of New Registered Agent:	Sandra Zaiser
New Registered Office Address:	1645 Caldwell Rd Enter Florida street address
	South Daytona, Florida 32119 Zip Code
New Registered Agent's Signature, if changing R	·

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>	Address	Type of Action
AMBR	Angela Ramirez	1145 Caldwell Rd	🗆 Add
		South Daytona, FL 32119	□Remove
			AChange
AMBR Craig Farmer	Craig Farmer	718 Avenue A	□ Add
		Holly Hill Fl 32117	Remove
		□Change	
Wer	mge Gisele Farmer	718 Avenue A	🗆 Add
		Holly 4:11, FL 32117	*Remove
			□Change
AMBR	Sandra Zaiser	1645 Caldwell Rd	□Add
		South Daytona, FL 32119	7_ □Remove
			🎜 Change
			⊡Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
			□Remove
			□ Chanue

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(If an ef Note:	ive date, if other than the date of filing:
docum	nent's effective date on the Department of State's records.
he reco ord is f	d 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 led.
Dated	July 28 , 2021.  Signature of a member or authorized representative of a member  SANDRA ZAISER  Typed or printed name of signee
	Suidele Baix
	Signature of a member or authorized representative of a member
	SAUDRA ZAISFR
	Typed or printed name of signee

Filing Fee: \$25.00