

121 000 287049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

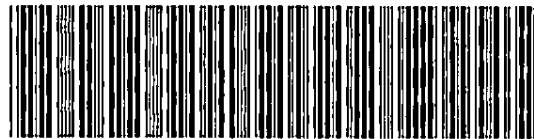
(Document Number)

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2021 SEP -3 AM 4:57
SECRETARY OF STATE
TALLAHASSEE, FL

09/15/2021
JH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRICE RIGHT TREE SERVICE L.L.C.

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:

TERRY STAFFORD

Name of Person

Firm/Company

9084 N PALAFOX ST

Address

PENSACOLA, FL 32534

City/State and Zip Code

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

For further information concerning this matter, please call:

TERRY STAFFORD

Name of Person
850 572-2234
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 SEP -3 AM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRICE RIGHT TREE SERVICE L.L.C.

(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 06/21/2021 and assigned
Florida document number L21000287049.

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:

(Principal office address MUST BE A STREET ADDRESS)

168 OVERLOOK DR

PENSACOLA, FL 32503

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

168 OVERLOOK DR

PENSACOLA, FL 32503

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:

BURRELL ARVESTER JR

New Registered Office Address:

168 OVERLOOK DR

Enter Florida street address

PENSACOLA

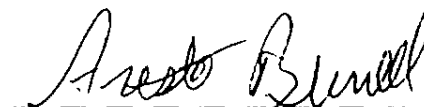
City

Florida 32503

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	TERRY R STAFFORD	9084 N PALAFOX ST	<input type="checkbox"/> Add
		PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BURRELL ARVESTER JR.	168 OVERLOOK DR	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WESLEY T. STAFFORD	9084 N PALAFOX ST	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32534	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 08/29/2021 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 29 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00