LZI 000 339455

| (Rec | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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Y. SCOTT MAR 2 9 2022

COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | | | |
|-------------------------------|--|---|--|----------------------|-------|
| | Coast Trees LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The englosed Amietus o | f Amendment and fee(s) are sub | omitted for Glina | | | |
| | | <u>-</u> | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Stephen VanMeter | | | | |
| | | Name of Person | | | |
| | | | ω | 2 | |
| | | Firm/Company | | 122 H | |
| | 3608 13th St SW | | | N9 1 | |
| | | Address | | <u>n</u> | j |
| | Vero Beach, FL 32968 | | ్రాలు మార్క్లులు మార్క్లులు | 2022 HAR 15 PM 3: Oh | |
| | | City/State and Zip Code | | : Or | |
| | optimumtreecare@gmail.co | om to be used for future annual report noti | (figution) | | |
| Car further interpretion | concerning this matter, please c | | meanon) | | |
| | concerning this matter, prease c | | | | |
| Adam Cheeseman | | 772 228-1161 at () | | _ | |
| Name | of Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is | tatus & | |
| Mailing Addre Registration | | Street Address: Registration Se | ction | | |
| Division of (| Corporations | Division of Cor | rporations | | |
| P.O. Box 63 | | The Centre of T | | | |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Treasure Coast Trees LLC

| (Name of the Limited Liability Company (A Florida Limited Liability Company) | as it now appears on our recordibility Company) | <u>is.</u>) | | |
|--|---|-------------------------------|------------------------------|-------------|
| The Articles of Organization for this Limited Liability Company w Florida document number L21000339855 | vere filed on July 27, 2021 | | _ and assign | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | | | |
| OPTIMUM TREE CARE LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLt | C" or the abbre | viation "L.L.C | . ** |
| Enter new principal offices address, if applicable: | | | | ··· |
| (Principal office address MUST BE A STREET ADDRESS) | | | 202 | |
| [Principal Office duaress MOST BE A STREET ADDRESS] | | - 22 | | 3 |
| | | | X Z | • |
| | | | 5 | • |
| Enter new mailing address, if applicable: | | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | | |
| | | | <u> </u> | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent: | idress on our records, <u>ente</u> | r the name (| of the new r | egisterec |
| New Registered Office Address: | | | | |
| | Enter Florida street addre | 28.5 | | |
| | , F | lorida | | |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, o rovided for in Chapter 605 | and I am far , F.S. Or, if | niliar with d this docume | and |

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 |
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| ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the December 1. | t be specific and ock does not n | l cannot be prior neet the applica | able statutor | ng or more than on the standard of the standar | (optiona 90 days after fili ements, this da | ng.) Pursua | nt to 605.020 it be listed as |
| record specifies a delayed effectiv Lis filed. | e date, but not | an effective ti | me, at 12:01 | a.m. on the ea | arlier of: (b) | The 90th | day after the |
| March 9 | , | 2022 | | | | | |
| ated | | 7 | | \ | | | |
| | 1/ | | | | | | |
| | Signature of a r | | | | | | |

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