# da Department of State

# Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

: (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A SEED IN TIME TREE SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 21 2021

A. LUNT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## A Seed in Time Tree Service 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 Co	ompany w	ere filed on 0	8/02/21	· · · · · · · · · · · · · · · · · · ·	and assigned.	
Florida document number L21000347748					•	ند
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ted liabili	ty company h	iere:			
The new name must be distinguishable and contain the words "Limite	ited Liability	Company," the	designation "LL	.C" or the abbres	iation "L L.C."	_
Enter new principal offices address, if applicable:						<del></del>
(Principal office address MUST BE A STREET ADDRE	ESS)				<u> </u>	_
						_
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						<b>-</b>
				·		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office ad	dress on our	records, ente	er the name o	f the new regis	<u>itered</u>
Name of New Registered Agent:	<del></del>					_
New Registered Office Address:						
	<u>-</u>	Enter Fl	lorida street addr	·ess		
			, F	-lorida	Zip Code	_
		Cuy			<i>Z</i> ıр Соае	
New Registered Agent's Signature, if changing Registered						
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agential being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete p gent as pr	erformance o ovided for in	of my duties, Chapter 603	and I am fam 5, F.S. Or. if t	iliar with and his document	
	If Chang	ing Registered /	Agent, <u>Signatur</u>	e of New Registe	ered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	KRISTEN KING	7901 4TH ST N STE 300	XlAdd
	···	ST. PETERSBURG, FL 33702	□Remove
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			Change
	At the state of th		□Add
			□Remove
			□Change
			🗆 Add
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			⊡Remove
			□(Change

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	## CR #TI
The Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and came Note: If the date inserted in this block does not meet document's effective date on the Department of State.	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the applicable statutory filing requirements, this date will not be listed as the 's records.
The record specifies a delayed effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 20 . 2	2021
Signature of a member	ber or authorized representative of a member
Morgan Noble	
Тур	ed or printed name of signee

Filing Fee: \$25.00