La1 000371038

(Re	questor's Name)	••
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS
JAN 2 1 2022



400373162764 RECEIVED

JAN 1 0 2022

01/11/22--01009--017 **30.00

ED 2022 JAH 10 AM 11:52 CTE TO YOF STATE

COVER LETTER

COVER BETTER
TO: Registration Section Division of Corporations
SUBJECT: Florida Grown Tree Masters, LCC 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:
Name of Person
Flurida Grann Tree Masters, CCC Firm/Company
1403 Buchur C+ Address
Brandon, FC 3300 City/State and Zip Code
Floridas finest tree mosters grain. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 445179 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8 35 203 1	and assigned
Florida document number $\angle \partial \setminus O(O) = 37 \setminus O38$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Flyida S Finest Tree Mas The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1403 Buchood C+ Braden, FL33570	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Sans:	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of	me of the new registered
	, Florida	· 計 2
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haraby accept the appointment as registered agent and agr	oo to act in this capacity. I further a	ree to comply with the

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. <u></u>
	
(If an et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 24 . 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3