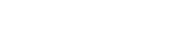
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(Requestor's Name)	
(Address)	
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COVER LETTER

	Registration Se Division of Cor		· •	•
	Southern O	outdoors Tree Service LLC	··	
SUBJEC	Т:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	arn all correspo	ondence concerning this matter	to the following:	
		Fabrizio Lengua		
			Name of Person	
		ZenBusiness INC.		
			Firm/Company	
		5511 Parkerest Dr. Suite 1	03	
			Address	, , , , , , , , , , , , , , , , , , ,
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.cc E-mail address: (om to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	·	
Fabrizio	Lengua		512 237-7349	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Į.	Division of C	Corporations	Division of Co	
Į	P.O. Box 632	.7	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 15 AH II:

Southern Outdoors Tree Service LLC

SECRETARY OF ST MALLAHASSEE, FLG

(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 Florida document number $\frac{1.21000529893}{1.000529893}$	were filed on 2022-01-03	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1500 Needle Palm Drive	
(Principal office address MUST BE A STREET ADDRESS)	Edgewater, F1, 32132	
Enter new mailing address, if applicable:	1500 Needle Palm Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Edgewater, FL 32132	
	address on our records, enter the name	
	economic del recorda enter the name	of the new register
	cores on our records, enter the name	of the new register
agent and/or the new registered office address here:	Enter Florida street address	of the new register
		

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	DeAna Wojcik	1500 Needle Palm Drive	□Add
		Edgewater, F1, 32132	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this becament's effective date on the l	ist be specific and cannot lock does not meet the	applicable statuto			
record specifies a delaye The 90th day after the re	d effective date, t cord is filed.	out not an effec	ctive time, at 1	2:01 a.m. on t	he earlier (
ted	. 202:	<u> </u>			
	/s/ Ryan l				
	Signature of a member	or authorized repres	entative of a membe	r	

Page 3 of 3

Filing Fee: \$25.00