L22000059661

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SESSETVARY OF STA

COVER LETTER

Divi	ision of Corp	orations		
contect.	Elite Tree ar	nd Landscaping LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
		Filing MichaelD		
		_	Name of Person	
		ZenBusiness Inc.		
	Name of 3. imited Liability Company In all correspondence concerning this matter to the following: Filing Michaell			
		336 E College Ave, Ste 30	1	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		E-mail address: ()	o be used for future annual report	notification)
For further in	nformation co	ncerning this matter, please ca	all:	
Filing Micha	aelD c/o Zenł	Business Inc.		
	Name of	Person		time Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &

Mailing Address:

TO:

Registration Section

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L22000059661	any were filed on 2022-02-03 and assig	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
Elite Tree Service LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
	<u></u>	
	A .	
Enter new mailing address, if applicable:		į premi
Mailing address MAY BE A POST OFFICE BOX)	SSO P	} ! ! ; -
	E S F	
	ATE FL	
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new	regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City 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 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
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Add
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**************************************			□Add
			□Remove
			□Change

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former of 2022	h day after the
ated January 4 2023	
/s/ Nicholas Squillace	
Signature of a member or authorized representative of a member	