## 1220000 76571

(Requestor's Name)
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(City/State/Zip/Phone #)
(Only Otate) Liph Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>(</b>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			•
SUBJECT:	Ginst The Grane of Lim	CIA Tree Care	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Matthew	Name of Person	<del></del>
		Firm/Company	
	25 KOC	Address Z5 19	Rose petal In unit A
	Dalm co	City/State and Zip Code	164
	Mattyv112°	1 @ ancil. Con to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Matthew Name o	Veccli Person	at (3866) <u>276</u> Area Code Daytin	- 4700ne Telephone Number
Enclosed is a check for the	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 AM 8: 43

Acquinst The Grain (Name of the Limited Liability Compa	Tree Care LL	SECRETARY OF STATE TALLAHASSEE.FL
(A Florida Limited)	, ,	
The Articles of Organization for this Limited Liability Company	were filed on 2/16/20	ZZ and assigned
Florida document number <u>L22000 76571</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		Λ.
Enter new principal offices address, if applicable:		al La unit A
(Principal office address MUST BE A STREET ADDRESS)	Palm coast,	FL 32164
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX"	25 Rose Retal Lr palm coast, Fi	1 Unit A 1 32164
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Florid	
	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
MGR	Matthew Verdi	25 Rose Petal Ln unit A	₹ ₹ Add
		palm coast, FL 32164	_ _ □ Remove
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loes not meet the applicable statutory filing requirements, this date will not be listed as t ment of State's records.	l is filed.	i delayed effective dat	e, but not an effecti	ve time, at 12:01 a.i	n, on the earlier of: (t	o) The 90th day after	rtne
pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (loes not meet the applicable statutory filing requirements, this date will not be listed as t ment of State's records.  c, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ated _ 니	126 MI	202	2			
loes not meet the applicable statutory filing requirements, this date will not be listed as t ment of State's records.		////. M	M. Ki				
loes not meet the applicable statutory filing requirements, this date will not be listed as t ment of State's records.		1016/40	V VVI -			<del></del>	

Filing Fee: \$25.00