L22000115777

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
erosia maratana ta ming e masi.

Office Use Only

800389918598

DE.727.72--01709--001 →+25.00

or Waliahassee, fl

COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations		•				
	Keith cuts I	L C						
SUBJECT: _		Name of Lin	nited Liability Company			•		
The enclosed a	Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return a	all correspo	ndence concerning this matter	to the following:					
		Jenny Countz						
			Name of Person			_		
		ZenBasiness Inc.						
			Firm/Company			_		
		336 E College Ave. Ste 30)1					
			Address	<u>-</u>			26	
		Tallahassee, FL 32301					22 JU	4
			City/State and Zip Co	ode		HASSEE.	2022 JUN 27 AMII: 14	4 17 17 17
		E-mail address: (to be used for future ann	ual report notifica	ition)	SEI JE	A	3
For further inf	ormation co	oncerning this matter, please c	all:				=	4
Jenny Countz			844 at ()	493-6249		; ;	£	
	Name o	Person	Area Code	Daytime T	elephone Numb	er	-	
Enclosed is a	check for th	ne following amount:						
■ \$ 25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy tadditional copy is	•	Certifie	Filing Fe cate of St ed Copy al copy is	atus &	
	ing Addres istration S			<u>t Address:</u> stration Secti	on			
Divi	sion of C	orporations	Divi	sion of Corpe	rations			
	Box 632 ahassee, I	7 FL 32314		Centre of Tal N. Monroe S		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keith cuts LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 03/07/2022	and assigned
Torida document number 1.22000115777		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited I	iability company here:	
Freasure Coast Tree Care LLC		
he new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		1022
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		ဟ_ ဟင ့ >> ဂြိ ဂြိ
Manage address in 11 BE 711 GOT OT 11CE BONY		
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
	. Flo	orida
	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
			Remove
			Change
			□Remove
			☐ Change
			ZOZAdd LIAH ZIRemove
			2002 JUN 27 AMU Change
			□Remove
			□Change
			□Add
			□Remove
			[]Change

						_
·						_
-						_
						_
						-
						_
						_
						_
						_
					2022	_
<u> </u>				<u> </u>		– ede
				LAHASSE	UN 27	U
				ASS	-	T
		,		Ω.	A	_
					<u></u>	_
ective date, if other than the d	ate of filing:		(optio	nal)		
n effective date is listed, the date must b te: If the date inserted in this bloc	k does not meet the appl	cable statutory fil	more than 90 days after t ing requirements, this	iling.) Purst date will n	unt to 60 ot be li	05.0200 sted as
cument's effective date on the Dep	artment of State's record	S.				
ecord specifies a delayed effective (data, hiir nat an affairtíira	tima at 12:01 a m	on the audier of the	The Office	vday of	tar tha
is filed.	iate, but not an effective	inne, at 12.01 a.m	. on the earner of. (b)	riie youi	i day an	ter the
	2022					
1 17	2022					
ted June 17						
ted June 17 /s/ Dustin Boswell	· ,					