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2022 HAY -2 PH 2: 1

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	OLDE FURIDA	A TREE SERVICE	ul		
3000EC1.		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	•			
	······································	on the sense wing.			
	April C	Name of Person			
		Name of Person			
	_	Firm/Company	 		
	4142 Tonga	Da			
		Address			
	SACASONA	B 311241			
		City/State and Zip Code			
	Olde Florid	City/State and Zip Code atrec Services Parto be used for future annual reportation	Mail. com		
For further information of	oncerning this matter, please c				
Max (shee	GUI ALD	73/.2		
Name of Person		at (<u>941</u>) <u>260.</u> Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne tollowing amount:				
\$25.00 Filing Fee	S30.00 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 Address		Street Address:			
Registration S Division of C		Registration Se			
P.O. Box 632	-	Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED PH 2: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		6
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned
Florida document number	.	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable	 _	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis		er the name of the new register
agent and of the new registered office address in		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
-		FloridaZip Code
	cuy	zip Coae

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>	<u>Name</u>	Address	Type of Action
MGR	Max H. Cohen	4142 Tonga Dr. SARABUTA,	34241 (Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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