L22000 446 210

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Entity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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70 ZH
10-16-2024

Office Use Only



000436199720

09/10/24--01012--038 **25.00

2024 OCT 16 PH 4: 40 SECRETARY CONTRACTOR

COVER LETTER

	Registration Sec Division of Corp		•		
		TREE SERVICE LLC			
SUBJEC	Т:	Name of Limi	ted Liability Company	_	
		amendment and fee(s) are submidence concerning this matter t			
		DEVIN RENFRO			
		<u> </u>	Name of Person		
		TREE BOYS TOTAL TRE	EE CARE/GAMBLINS TREE SERVICE LLC	MA OCT 16	
			Firm/Company	一整号	
		PO BOX 5572		1500	
			Address		
		SUN CITY, FL 33571		177	
		City/State and Zip Code GAMBLINSTREESERVICE@GMAIL.COM			
			to be used for future annual report notification)	-	
For further	er information co	oncerning this matter, please ca	all:		
DEVIN	RENFROW		813 970-3006 at ()		
	Name of	Person	Area Code Daytime Telephone Num	ber	
Enclosed	is a check for th	e following amount:			
Parm	oo Filing Fee nent Nade (wade	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & fied Copy onal copy is enclosed)	
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

and assigned
and assigned
or the abbreviation "L.L.C."
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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
			
			□Remove
			□Add
	- -		□Remove
		 	E Add
			□ Remove □ Change
			□Remove
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			□Change
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			□Change

effective immediately					
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					三百 马
				_	主張の
				·	<u> </u>
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tive date, if other than ffective date is listed, the date	the date of filing:			(op	tional)
If the date inserted in th	is block does not meet	t the applicable	statutory filin	g requirements, ti	his date will not be liste
nent's effective date on the	e Department of State	e's records.			
ord specifies a delayed effe iled.	ctive date, but not an	effective time,	at 12:01 a.m.	on the earlier of:	(b) The 90th day after
ileu.					
10/1/	2	2024			
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	\sum	, ~ D			
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411	Signature of a mem	ber or authorize	d pepresentative	of a member	

Filing Fee: \$25.00