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(((H23000063264 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	_	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER OUTDOOR TREE SERVICES LLC

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COVER LETTER

	Registration So Division of Co			
STID IT	PREMIER	OUTDOOR TREE SERVICE	SLLC	
SUBJEC	.1:	Name of Lin	nited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ARIEL BALBUENA		
			Name of Person	
		PREMIER OUTDOOR T	REE SERVICES LLC	
			Firm/Company	
		2506 BALI CIR		
			Address	-,
		KISSIMMEE, FL 34741		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	tification)
For further	er information o	oncerning this matter, please o	all:	
			at ()	
	Name of Person		Area Code Daytin	nc Telephone Number
Enclosed	is a check for th	ne following amount:		
(2 8∕\$25.€	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Se		
Division of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER OUTDOOR TREE SERVICES LLC			_	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our reco bility Company)	ords.)	 -	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L22000456072</u> .	ere filed on 10/24/2022		and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "I	LC" or the abbrev	istion "L.L.C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name o	f the new 1 2023 F	<u>registere</u> c
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	Erder Florida street ad	Florida	P	· .
	City		Zip Cade	
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.

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Sective date, if other than the done effective date is listed, the date must lete: If the date inserted in this block cument's effective date on the Department.	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to t ck does not meet the applicable statutory filing requirements, this date will not be l	605.0207 listed as
coord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
ted FEBRUARY 17	2023	
<u>.</u>	Signature of a member or authorized representative of a member	
		

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
AMBR	BRUNO NICOLAS BURGOS	2506 BALI CIR	
		KISSIMMEE, FL 34741	□Remove
			□Change
 			
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remov e
			□Change
			□Remove
			Change
			DAdd
			Remove
			∏ Change