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A. RAMSEY NOV 3 0 2022

COVER LETTER

and the same

TO: Registration Section of Corp			
Cones	Tree Sérvice	11.0	•
SUBJECT: Cares	Name of Linut	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	faymond	Certen 3	
		Service L.L.C	
	3371 G	retna br.	
		Address	
	Spring hill,	F4, 34609 City/State and Zip Code 72@ gmail.Com to be used for future annual report note	
		City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	lication)
For further information co	oncerning this matter, please ca	all:	
Roymond	Centeno	at (813) 297	2318
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	corporations	Division of Co The Centre of	rporations
P.O. Box 632 Tallahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV 30 AM 9: 56

Canes Tree Service (Name of the Limited Liability Company) (A Florida Limited Liability Company)	6.C.C
(Name of the Limited Liability Compan (A Florida Limited Li	x as it now appears on our records.) antity Company)
he Articles of Organization for this Limited Liability Company vibrida document number <u>L 22000 476149</u>	were filed on and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Limited Liabili	ay Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	E

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	<u>Address</u>	Type of Action
Ambr	Raymond Centers	3371 Gretnadi	Add
•		3371 Gretnandr Springhill, FG 34609	□Remove
			🗆 Add
			□Remove
			□Charge
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Chanca

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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Note:	ve date, if other than the date of filing:
ne recou ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	November, 30 2022 Superproof a member of authorized representative of a member
	Signature of a memory of
	Raymond Centers

Filing Fee: \$25.00