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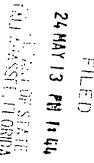
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COVER LETTER

Division of Cor		·	- Andrews
	TREES LLC	•	ŧ
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	DMITRIY ZIMBOVSKIY		
		Name of Person	
	TRIM THE TREES LLC		
		Firm/Company	
	3271 TALLEVAST RD		
		Address	
	SARASOTA, FL 34243		
	DZIMBOVSKIVOCMAII	City/State and Zip Code	
	DZIMBOVSKIY@GMAIL E-mail address: (to be used for future annual report notific	eation)
For further information c	oncerning this matter, please c	all:	
DMITRIY ZIMBOVSK	IY	952 250-1031	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sect	ion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIM THE TREES LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/14/2024	and assigned
lorida document number L22000480451		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	24+
Principal office address MUST BE A STREET ADDRE	<u></u>	
		<u> </u>
Enter new mailing address, if applicable:	N/A	20 =
(Mailing address MAY BE A POST OFFICE BOX)		CRIE
3. If amending the registered agent and/or registered of	office address on our records, <u>enter t</u>	he name of the new regis
gent and/or the new registered office address here:		
	an in analysis	
Name of New Registered Agent: DANIEL	ZIMBOVSKIY	
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	City	Zin 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	DMITRIY A ZIMBOVSKIY, SR.	3271 TALLEVAST RD.	■Add
		SARASOTA, FL 34243	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
		□Remove	
		□Change	
			🗀 Add
		Remove	
			□Change
			□Add
			□Change

). If amending any other informat	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	
 (If an effective date is listed, the date must 	e date of filing:
f the record specifies a delayed effective ecord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 3	2024
Duica	
 ,	Signature of a manhar with arrival and a sample of
•	Signature of a member of authorized representative of a member

Typed or printed name of signee