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COVER LETTER

то:	Registration S Division of Co			
	Green Life	Tree Service LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Brian Putnam		
		· · · · ·	Name of Person	
		Green Life Tree Service LI	.C	
		Firm/Company		
		5732 NW 119th Dr		
		Coral Springs, Florida 330	Address 76	
		Brian@TreemendousFlorida		
		E-mail address: (to be used for future annual report notific	cation)
For furt	ther information of	concerning this matter, please ca	all:	
Brian P	'utnam		954 593-3046	
	Name o	of Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	5.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Green Life Tree Service LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number 1,22000481220 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tree-Mendous LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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	${\bf Member}$

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
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