

L230000013103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

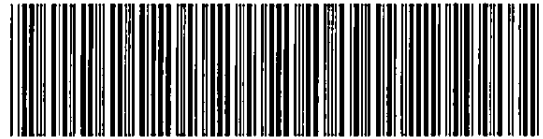
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2024 AUG 22 AM 5:11  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

SEP 17

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2024

TYLER'S TREE CARE LLC  
TYLER LANGER  
8839 CREEDMOOR LANE  
NEW PORT RICHEY, FL 34654

AUG 22 2024

SUBJECT: TIMBERLINE TREE SERVICE LLC  
Ref. Number: W24000103951

We have received your document for TIMBERLINE TREE SERVICE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 424A00015650

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tyler's Tree Care LLL  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler Lehger  
Name of Person

~~THE TREE~~ Tyler's Tree Care LLL  
Firm/Company

8839 Creedmoor Lane  
Address

FL New Port Richey 34654  
City/State and Zip Code

Timberline tree service, FL @ Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Lehger at 727 ~~883~~ 727-355-1074  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Timber's Tree Care LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

ALL DOCUMENTS  
2024 APR 22 AM 5:44

The Articles of Organization for this Limited Liability Company were filed on 8/14/24 and assigned  
Florida document number 23000013103.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

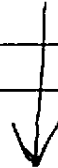
Timber's Tree Service LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

same 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

City, Florida Zip 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**

[illegible]

