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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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TALLOW CORPORATIONS

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## **COVER LETTER**

TO: Registration So Division of Cor		•	3	<b>202</b> 9141
SUBJECT:	AP Landscapin Name of Limit	g & Tree Service Liability Company	e LLC	1024 JUL 29 P DEPARTMENT OF CORP DIVISION OF CORP
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		PH 12: 4
Please return all correspo	ondence concerning this matter	to the following:	;	
	Hue	go A. Peña Name of Person		
		Firm/Company		
	57 luy st.			
		Address  L 32784  City/State and Zip Code	<del>.</del>	
	E-mail address: (t	o be used for future annual report notif	ication)	
	oncerning this matter, please ca			
Maria Name o	Gonzale 2 of Person	at ( <u>386)</u> <u>244</u> Area Code Daytime	4724 Telephone Number	_
Enclosed is a check for the	he following amount:			
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Addres Registration 5		Street Address: Registration Sec	ction	

Registration Section Division of Corporations 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

DEPARTMENT OF ST DIVISION OF CORPORN TALLAHASSEE. FLOT	2024 JUL 29 PM 12	FILEU
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Zip Code

AD Landscapina	& Tree Service Little &
(Name of the Limited Liability Compa (A Florida Limited I	A Tree Service Liber 70 Day as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 1 39074</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	S7 Ivyst. Umatilla, FL 32784
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			29 Ghang D MENT OF STATE OF CORPORATION: ASSEE, FLORIDA
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an eff lote:	ve date, if other than the date of filing: 7/24/2024 (optional ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this day int's effective date on the Department of State's records.	ng.) Pursuan	t to 605. be liste	0207 ( d as t
l is fi		The 90th d	ay after	the
	7 21e 2024  Hugo Pe ha  Signature of a member or authorized representative of a member			
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Filing Fee: \$25.00