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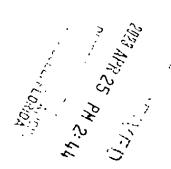
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/25/23

NAME: GLASFORD TREE TRIMMING & LANDSCAPING LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

GLASFORD TREE TRIMMING & LANDSCAPING LLC SUBJECT: 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glasford Smith Name of Person Enclosed is a check for the following amount: **≅** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023:::::25 AH 9:1, n

GLASFORD TREE TRIMMING & LANDSCAPING LLC

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

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number L23000176001	were filed on <u>04/10/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	aress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo ri	
Name Danishaned Associate Cl. Associate St.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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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	Address	Type of Action
MGR	Glasford Smith	202 DUNDAS CT.	■Add
		FORT PIERCE, FL 34950	-
			☐ Change
			□Add
			Change
			□Add
		····	
			□Change
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	tive date, if other than the date of filing:
record s	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
record s	
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record s	Λ . ~

Filing Fee: \$25.00