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TO:

TO:	Registration Sec Division of Corp		•	
SUBJE	ECT:	ROOTS OF LIFE	TREE SERVICE LLC	
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please:	return all correspon	ndence concerning this matter	to the following:	
		LISAY. A	LEXANDER	
			Name of Person	
		ROOTS OF L	THE TREE SERVICE LLC	L.13000234744 L 93-1342200
			Firm/Company	·
		JOJ3 HYD	E AVENUE	
			Address	
		PANAMA C	STY, FLORIDA 3240	5-6724
		Rects Of Life Tree Service LC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following: LISA Y. ALEXANDER Name of Person Rects Of Life Tree Service LC 93-1342200 Firm/Company 3033 HYDE AVENUE Address PANAMA Carry FLORIDA 32405-6724 City/State and Zip Code Foots of lifettree Chatman. com E-mail address: (to be used for future annual report notification) concerning this matter, please call: ALEXANDER at (850) 640-8073 Area Code Daytime Telephone Number Area Code Certificat of Status & Certified Copy (additional copy is enclosed) Size Address: Registration Section Dopporations Division of Corporations The Centre of Tallahassee		
		<u>rootsoflife</u>	etree@hotmail.com	
		E-mail address: (to be used for future annual report notifica	ition)
For fur	ther information co	ncerning this matter, please c	all:	
			at (850) 640.80	73
	Name of	Person	Area Code Daytime T	elephone Number
Enclose	ed is a check for the	following amount:		
☐ \$ 2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration Se	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: LISAY. ALEXANDER. Name of Person Roots Of Life Tree Service LLC 93-1342200 Firm/Company 3033 HYDE AVENUE Address PANAMA Carry FLORIDA 32405-6724 City/State and Zip Code rootsof lifetree hot mail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: ALEXANDER at (850) 640-8073 Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) SEE: Section Registration Section Division of Corporations The Centre of Tallahassee		
	Division of Co			
	P.O. Box 6327	•	<u>-</u>	
	Tallahassee, F	L 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOTS OF LIFE TREE SE			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears (liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>M</u>	my 12th, 202	3 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	ignation "LLC" or the a	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:			2023 AUG -1
(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:	ddress on our rec		TO SO
Name of New Registered Agent:			····
New Registered Office Address:	E . Pl · I		
	елиет г юпас	a 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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publications of my position as registered agent as publication filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with and , if this document is

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
AMBR.	MOORE, DAVID S	3023 HYDE AVENUE	🖾 Add
		PANAMA CTTY, FL 32405-6724	TRemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The state of the s
an el ote:	tive date, if other than the date of filing: Tuy 12, 203 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ment's effective date on the Department of State's records.
reco Lis (ord 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 filed.
ated	1 August 2 2023
	Signature of aynember or authorized representative of a member
	Signature of aynember or authorized representative of a member
	LISA Y. A.LEXANDER. Typed or printed name of signee

Filing Fee: \$25.00