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# **COVER LETTER**

Division of Co		
subject: <u>B1</u>	ack's Tree Removal and More Name of Limited Liability Company	, LLC
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspondent	condence concerning this matter to the following:	
	Paul Jason Black Name of Person	
	Black's Rackyard Services of	nd More, i
	1883 SW Hartinger Road	
	Lake City, FL 32024 Chy/State and Zip Code	
	blackstreerenwalandhorellc@qma E-mail address: (to be used for future annual report notification)	il.Com.
For further information of	concerning this matter, please call:	
tacel Jas	SON Black at 386 984-6891  of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &

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

Black's Tree	2 Removal a	ind Move, LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L23000245</u>	Company were filed on 51	$8 \mid 2023$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
	ard Services	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida str	reet address
<del></del>		, Florida
	City	Zip Code
Now Dogistored Agent's Signature, if abanging Degisters	ad Aganti	

## 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

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

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Note:	ive date, if other than the date of filing: 07/25/2023 (optional) Sective 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 605.0207 (optional) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
and in f	ed 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 led.
Dated	07/25/2023
	O7/25/2023  (and Dason Black  Signature of a member or authorized representative of a member  Part lash 8000 Black
	Signature of a member or authorized representative of a member  Partial School Black

Typed or printed name of signee