## L24600057515

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration : Division of Co			
Naples Tr	ree Services LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	amitted for filing	
	condence concerning this matter	-	
	Addison Molter		
		Name of Person	<u> </u>
	Naples Tree Services LLC		
		Finn/Company	
	115 Fairway Circle		
		Address	<del></del>
	Naples, FL 34110		
	naplestreeservices@gmail.c	City/State and Zip Code	····
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Victoria Molter		239 253-4199	
Name	of Person	at () Area Code Daytin	ne 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 Addr		Street Address:	ation.
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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· 大学院师

Naples Tree Services LLC

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

The Articles of Organization for this Limited Liability Company velocida document number $\frac{L24000057515}{L24000057515}$ .	were filed on $\frac{01/31/2}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company " the design	pation "LLC" or the abbreviation "LLC"
•		<b>^</b> `
Enter new principal offices address, if applicable:	115 10	urway Circle
Principal office address MUST BE A STREET ADDRESS)	Naples	h 3410
		•
Enter new mailing address, if applicable:	115 ta	irway arche
Mailing address MAY BE A POST OFFICE BOX)	Naples	F. 34110
B. If amending the registered agent and/or registered office a	ddrass on our recor	de anter the name of the new register
agent and/or the new registered office address here:	antess on our recor	us, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	, Florida	
<del></del>	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	e to act in this can	acity. I further garee to comply with t

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>	<u>Name</u>	Address	Type of Action
MGR	Addison Molter	115 Fairway Circle	
		Naples, FL 34110	□Remove
			☐ Change
MGR Joseph Molter	403 Saddlebrook Lane	□Add	
	Naples, FL 34110	<b>■</b> Remove	
AMBR Addison Molter	115 Fairway Circle	□Add	
	Naples, FL 34110	≅Remove	
	·	□Change	
AMBR Joseph Molter	403 Saddlebrook Lane	■Add	
	Naples, FL 34110	□Remove	
		□Change	
			□Remove
		\ \ \ \ \ \	
		□Add	
		□Remove	
			□ Change

effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet thument's effective date on the Department of State's	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e applicable statutory filing requirements, this date will not be listed a records.
filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed August 26 . 202-	<del>-</del>
//////////////////////////////////////	

Typed or printed name of signee