L24000113234

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COVER LETTER

	Registration Se Division of Cor			
2110 102	CROWN T	REE AND LAW SERVICES	LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
		BRIAN SINGH		
			Name of Person	
		CROWN TREE AND LA	W SERVICES LLC	
			Firm/Company	·
		721 PLYMOUTH TURTE	LE WAY	
			Address	
		ST. CLOUD, FL. 34772		
			City/State and Zip Code	
		crowntreeservices09@gma	il.com to be used for future annual report no	stification)
For furth	er information c	oncerning this matter, please c	•	meanon
BRIAN	SINGH		407 922-3401	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.1	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 Address Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

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

CROWN TREE AND LAW 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 v	were filed on 03/05/2024	and assig	med
Florida document number L24000113234			,
This amendment is submitted to amend the following:	Ţ.N.T.	2024 HAR	
A. If amending name, enter the new name of the limited liabil	lity company here:	- 16 P	1
CROWN TREE AND LAWN SERVICES LLC		20	Lames Lames
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbro	eviation "L.L.	C.Tala
Enter new principal offices address, if applicable:			1
(Principal office address MUST BE A STREET ADDRESS)		29	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		— ; — ;	
B. If amending the registered agent and/or registered office adaptated agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	ن of the new	regi n
Name of New Registered Agent:		<u></u>	<u> </u>
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
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 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
			□ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			□Change
			□Remove
			☐ Change
			🗆 Add
			□Remove
			Change

•	
•	
•	
Vote:	tive date, if other than the date of filing:
reco d is f	rd 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 iled.
	04/11/2024
Dated	·
)ated	Brian Singh
Dated	Brian Singh Signature of a member or authorized representative of a member

Filing Fee: \$25.00