

L2400019277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

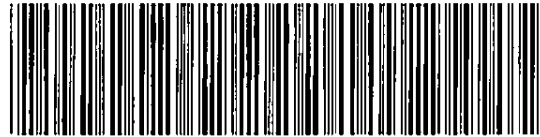
(Business Entity Name)

(Document Number)

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200437133362

LLC Amend

FILED

2024 OCT -1 AM 8:26  
CLERK OF STATE  
TOLSON COUNTY, MISSOURI

FILED

A. RAMSEY

OCT 17 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TREE PROPERTY HOLDINGS, LLC

\_\_\_\_\_  
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:

HEATHER HOFFMAN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

117 SILVER LAKE DRIVE

\_\_\_\_\_  
Address

HAWTHORNE, FL 32640

\_\_\_\_\_  
City/State and Zip Code

ALLSANITYLOST@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER HOFFMAN

386 336-7560  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 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**

**FILED**

TREE PROPERTY HOLDINGS, LLC

2024 OCT -1 AM 8: 26

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

CLERK OF THE CLERK OF THE  
STATE OF FLORIDA  
CLERK OF THE CLERK OF THE  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 24, 2024 and assigned  
Florida document number L24000192777.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

117 SILVER LAKE DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

HAWTHORNE, FL 32640

**Enter new mailing address, if applicable:**

117 SILVER LAKE DRIVE

**(Mailing address MAY BE A POST OFFICE BOX)**

HAWTHORNE, FL 32640

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HEATHER HOFFMAN

New Registered Office Address:

117 SILVER LAKE DRIVE

*Enter Florida street address*

HAWTHORNE

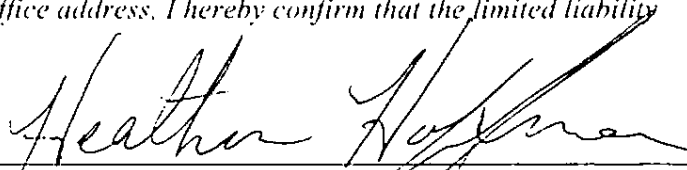
*City*

Florida 32640

*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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
MGR	PAMELA ATNO	1097 STATE ROAD 20	<input type="checkbox"/> Add
		INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective 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 (3)(b)

Dated 9/01 2024  
Heather Hoffman  
 Signature of a member or authorized representative of a member

Typed or printed name of signee