

To:
11/8/24, 9:41 AM

Page: 2 of 5

2024-11-08 08:44:07 CST

12122023573

From: David Thomas

L24000387649

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000372407 3)))



H240003724073ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIG TREE, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

T. LEMIEUX

NOV 12 2024

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG TREE, 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 were filed on JUNE 26, 2024 and assigned Florida document number L24000287649.

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:

5100 W. KENNEDY BLVD., SUITE 325

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33609

Enter new mailing address, if applicable:

5100 W. KENNEDY BLVD., SUITE 325

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33609

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

33324

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RYAN MORELAND	5175 COUNTRY LAKES DRIVE	<input type="checkbox"/> Add
		FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	AUSTIN ASHMORE	5100 W. KENNEDY BLVD., SUITE 325	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP OF FI	BRAD LEWIS	5100 W. KENNEDY BLVD., SUITE 325	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD THE EIN TO SUNBIZ. EIN = 65-0728828

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 4, 2024

B. H. Jones

Signature of a member or authorized representative of a member

BRAD LEWIS

Typed or printed name of signee

Filing Fee: \$25.00