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COVER LETTER

TO: Registration Sec Division of Corp		·				
SUBJECT: ABle	1 Tree & 10	and scapina Sen	i'ce LLC			
	Name of Limi	Name of Limited Liability Company Ament and fee(s) are submitted for filing. Someoring this matter to the following: Of Sayayan Armon of Person She y tree and land staping Service was Firm/Company The Cond Land stapin				
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.				
,	Ü	-				
	louis grays	Name of Person	I Cand Scaping Service LLC ompany Care ompa			
	ABLE 4 tre	c and land Scapin	g Service LLC			
	2709 Pine	apple ave Address	 			
	Grayson louis	376 gmay 1. com	ification)			
For further information c	oncerning this matter, please c					
10015 grays	Sen 5/2 f Person	at (<u>324</u>) <u>289</u> Area Code Daytir	84 17 ne Telephone Number			
Enclosed is a check for the	ne following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres			action			
Registration ! Division of C		——————————————————————————————————————				
P.O. Box 632	27	The Centre of	Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ABLY Tree S	1 19nd sc	oping Serv	ce 2924.0CT	²⁴
(Name of the Limit	ed Liability Compa (A Florida Limited I	iny as it now appears on Liability Company)	our records.) TALLAHAS	4- 3 3
The Articles of Organization for this Limited Li	ability Company	were filed on 7\2	24/2024	SEE, FLORIDA and assigned
Florida document number <u>L 24 06 6 32 9</u>	<u> 101</u>	,		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		_ .	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
		·		
B. If amending the registered agent and/or r agent and/or the new registered office address	4,	address on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	louis	grayson J	Y	
New Registered Office Address:	2709	Pine a pou Enter Florida	Ave street address	
	mims	City	, Florida <u> </u>	32754 Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	<u>i</u>		

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 Men	ıber

<u>Title</u>	Name	Address	Type of Action
			□ Add
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Effective date, if an effective date Mote: If the date document's effect	is listed, the c inserted i	date must be s n this block o	pecific and loes not m	cannot be pri- cet the appl	or to date of t icable statu	filing or more	than 90 days	after filing.)		
e record specifies rd is filed.	; a delayed	effective dat	e, but not a	an effective	time, at 12	:01 a.m. on t	the earlier o	of: (b) The	e 90th day a	fter the
Dated 10 1	21/2	024	,		·					
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