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| | (Requestor's Name) | |
|-------------------------|--------------------------|-------------|
| () | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE TALLAHASSEE, FL

2024 NOV 20 AM 8: 06

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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|--|----------------------|--|
| subject: <u>G É L</u> | Tree Service Name of Limit | ed Liability Company | | | |
| | Amendment and fee(s) are subn | _ | | | |
| Please return all correspo | ondence concerning this matter to | o the following: | | | |
| | Yordany Zul | Name of Person | | | |
| | GEL Tree | Service Firm/Company | | | |
| | 6011 S Ora | nge Que Address | | 20, | |
| | Orlando Fi | orida 32809 City/State and Zip Code | TALLAHASSEE, FL | 2024 NOV 20 AM 8: 18 | COMPANY OF THE PARTY OF THE PAR |
| | | eta D amail. Com be used for litting annual report notific | HASS (RECORD TO THE PARTY OF TH | 20 🗚 | |
| For further information e | oncerning this matter, please cal | II: | היים היים תו | M 8: | U |
| Yordany Zu Name o | ulveta Abrev f Person | at (321) 314- Area Code Daytime | H40 Telephone Number | á œ | |
| Enclosed is a check for the | ne following amount: | | | | |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

| GEL Tree | Service | | | | |
|--|---|---|------------------------|------------------|---------------------|
| ' (Name of the Limite | <u>:d Liability Compa</u> (A Florida Limited I | ny as it now appears on o Liability Company) | ur records.) | | |
| The Articles of Organization for this Limited Li Florida document number <u>L24000 475</u> | | were filed on | 8/2024 | and ass | igned |
| This amendment is submitted to amend the follow | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the we | ords "Limited Liabil | ity Company," the designa | tion "LLC" or the | abbreviationo"L. | |
| Enter new principal offices address, if applica | ıble: | | | <u> </u> | VON . |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | | ¥ |
| | | | <u> </u> | <u> </u> | 00 |
| Enter new mailing address, if applicable: | | | | OF STA | Art 8: |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | \TE | 19 |
| | | | | <u>.</u> | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | gistered office a | iddress on our record | s, <u>enter the na</u> | me of the nev | <u>v registerec</u> |
| Name of New Registered Agent: | Youd | any Zulveta | abneu | | |
| New Registered Office Address: | 6011 | any Zuluzta 5 O Marge Enter Florida str | A UC | | |
| | | lando FL | | | 9 |
| | | 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> | Address | Type of Action |
|--------------|--------------------------|-------------------------|---|
| AP | Richard Rodriguez | 9908 SWEEDSTAKES LU | □ Add |
| | | APT 3 OriANDO FL 32837 | Remove |
| | | | □Change |
| MGR | LLANCY TOLINA PENA Phili | IPE 5714 CARDINAL GUARD | □Add |
| | | ave Orlando FL 32839 | Exemove |
| | | | □ Change |
| | | | 2024 N — SECF |
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| ffective | date, if other than the date date is listed, the date must be | ite of filing: | annot be prior to | s date of filing or | more than 90 days | optional) | remant to 60° | 5 0207 (3) |
| <u> Note:</u> If t | ne date inserted in this block is effective date on the Department | does not me | et the applica | ble statutory fi | ling requirement | s, this date wil | l not be list | ted as the |
| | · | | | | | | | |
| record sp d is filed. | ecifies a delayed effective d | ate, but not a | n effective tin | ne, at 12:01 a.m | n. on the earlier | of: (b) The 96 | Oth day afte | er the |
| | , | | | | | | | |
| Dated <u>N</u> | lovember 2 | 2 th . | 2024 | / | ve of a member | | | |
| | | | / ~ | | | | | |

Filing Fee: \$25.00