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K. SALY EXAMINER

FEB - 9

COVER LETTER

TO: Registration S Division of Co			
Craig Oste	erhaus Home Improvements, LL	.c	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Craig W. Osterhaus		
	 	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Craig Osterhaus Home Im	provements, LLC	
		Firm/Company	
	3456 Astoria Ct.		
		Address	
	Winter Park, Florida 3270	7	
		City/State and Zip Code	
	CraigOHI@gmail.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please co	all:	
Craig W. Osterhaus		407 234-3798 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 FEB-8 PM 1:0

Craig Osterhaus Home Improvements, I	1C	3 e Tro	HASSEE, FLORIDA
		rs on our records $\lambda \in \mathcal{L} A$	HARRITUE OF
(AF	ability Company as it now appealorida Limited Liability Company)		MASSEE, FLOORS
The Articles of Organization for this Limited Liabil Florida document number		June 27, 2006	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
Osterhaus Landscape and Maintenance, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the o	lesignation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable (<u>Principal office address MUST BE A STREET A</u>	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u></u>		
Muning dudiess MAT BE ATOST OFFICE BOA	<u> </u>		
B. If amending the registered agent and/or negistered agent and/or the new registered office	0	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floi	rida street address	
_	City	, Florida	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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ctive date	, if other tha	n the date o	of filing:				(option	al)	
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Typed or printed name of signee

Filing Fee: \$25.00