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SECRETARY OF STATE

J. BRYAN

APR - 2 2012

**EXAMINER** 

**Division of Corporations** A & J AFFORDABLE LAWN CARE SERVICES, 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: PATRICA A. STANLEY Name of Person A & J AFFORDABLE LAWN CARE SERVICES, LLC. Firm/Company 12928 PEACEFUL ROAD Address JACKSONVILLE, FLORIDA 32226 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA A. STANLEY 327-7415 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee **[7]**\$30.00 Filing Fee & \$55.00 Filing Fee & 1\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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

## A & J AFFORDABLE LAWN CARE SERVICES, 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 I	_iability Company were filed on	MAY 27, 2010 _	and assigned
Florida document numberL1000005	7435	包	SE TO
This amendment is submitted to amend the fol	•	,	and assigned  SECREPSEE FLORE  SECREPSEE
A. If amending name, enter the new name of	of the limited liability company h	ere:	Man 3
A&J'S	S DIVERSIFIED SERVICES	, LLC.	65 10 10 10 10 10 10 10 10 10 10 10 10 10
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "I	LC" of the abbreviation
Enter new principal offices address, if appli	cable: NO CHANG	<u>E</u>	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	•	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

'MGR = Manager

MCKM = N	vianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NO CHANGE		Add Remove
			Add Remove
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			Add Remove
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D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neo	PECRETARY OF STATE
Dated	MARCH 29		•
	/ Patricia & Signature of a r	nember or authorized representative of a member  PATRICIA A .STANLEY  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00