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.

Electronic Filing Cover Sheet

(((H15000122365 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 : (786)899-2235

Fax Number

: (305)935-9042

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RL TRUEGREEN, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. Water MAX 2 7 2015

COVER LETTER

Registration Section
Division of Corporations

RL Truegreen, LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Melissa Sosa, RE Paralega	ı.t	
		Name of Person	
	Leopold Korn, P.A.		
		Firm/Company	
	20801 Biscayne Blvd., Sui	te 501	
		Address	
	Aventura, FL 33180		
		City/State and Zip Code	3-R () 1 (
	msosa@leopoldkorn.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	aff:	
Melissa Sosa		786 899-2232 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
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)	☐ \$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

05/20/2015 15:12 FAX

ARTICLES OF AMENDMENT Q 003/005

TO ARTICLES OF ORGANIZATION OF

RL Truegreen, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recor- ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on May 14, 2015	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Truegreen, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
		F/1 51
		100 N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		C. C.
		₹8 % E
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ls, enter the name of the new
Name of Nam Depistered Accept		
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street addre.	.ss
	, FI	lorida
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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

05/20/2015 15:13 FAX

2004/005

☐ Change

LEOPOLD KORN LEOPOLD SNY If amending Authorized Person(s) authorized to manage, enter the

or removed from our records: MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
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			□ Remove
			□ Change
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	> 5
Effective date, if other than the date of filing:	(optional) ore than 90 days after filing.) Pursuant to 605,0207 (
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as t
te record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of
Dated May 20 , 2015	
Signature of a number or authorized representative	of a momber
Robert S. Lechter, Manager	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00