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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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## **COVER LETTER**

TO:	Registration Se Division of Co			•
SUB	JECT:	Flor	ida Groundskeeper, LLC	<b>&gt;</b>
0012		Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		12	605 East Freeway, Suite 54	0
			Address	-
			Houston, Texas 77015	
			City/State and Zip Code	· · · · · ·
			filings@swyftfilings.com	
		E-mail address: (	to be used for future annual report no	tilication)
For fi	urther information o	concerning this matter, please co	all:	
	Sonia E	Becerra	at (877 ) 777-0	450
	Name o	f Person		ne Telephone Number
Enclo	sed is a check for t	he following amount:		
<b>⊠</b> s	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)
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Florida Groundskeeper, LL		
(Name of the Limits	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lie	ability Company were filed on	10/14/2015	and assigned
Florida document number <u>L15000175392</u>	2		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		SEC FALL
(Principal office address MUST BE A STREE	T ADDRESS)		HAR AH
			ASSI 27
			<b>3</b>
Enter new mailing address, if applicable:			<b>5</b>
(Mailing address MAY BE A POST OFFICE I	<u></u>		<b>3</b> REF
B. If amending the registered agent and/or the new registered off		our records, ente	r the name of the new
Name of New Registered Agent:	LegalCorp Solutions, I	LC	
New Registered Office Address:	3440 W Hollywood Biv	vd. Suite 415	
	Enter Florid	da street address	
	Hollywood	, Florida _	33021
	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.

Travis Crabtree, OBO

Legal Corp Solutions, LCC

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} \stackrel{\cdot}{=} A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			Add
			Remove
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ated	March	24	·	2018	·						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00