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(Address)	—
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(Document Number)	_
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COVER LETTER

TO: Registration Se Division of Cor			
	TTERY, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	DANIEL HOWE		
		Name of Person	
	LAWN CUTTERY, LLC		
		Firm/Company	
	1813 LAUREL OAK DRIV	VEN.	
	-	Address	
	ROCKLEDGE, FL 32955		
	LAWNCUTTERYBREVAR	City/State and Zip Code RD@GMAIL.COM	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	alk ·	
DANIEL HOWE		321 720-7846 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■\$55.00 Filing Fee. & Certified Copy (additional copy is enclosed)	*EF\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 ORGANIZATION OF

LAWN CUTTERY, 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 Liability Company were filed on ____ and assigned Florida document number L17000251003 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

or rosselven ventral care recording.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DEMETRIK MAURICE CEASER	938 VARR AVE	□ Add
		ROCKLEDGE, FL 32955	■ Remove
			□ Change
MGR	TROY BERRY MERRIEL	1007 PINEDALE RD	□ Add
		ROCKLEDGE, FL 32955-2206	Remove
			Change
MGR	MYLES AKINS	1813 LAUREL OAK DRIVE N.	
		ROCKLEDGE, FL 32955	 ☐ Remove
			☐ Change
MGR	TYRONE HAMILTON	938 VARR AVE	
		ROCKLEDGE, FL 32955	≡ Remove
		ADDRESS	■ Change
MGR	VINCENT HOWE	1813 LAUREL OAK DRIVE N.	
		ROCKLEDGE, FL 32955	■ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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Effecti	ve date, if other than the date of filing: (optional)	(05.0007.2)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
	ent's effective date on the Department of State's records.	
	~	
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of:
	90th day after the record is filed.	
Dated	August 16 2018.	
<i>-</i>		
	(1) Thurs of	
	Living Francisco (to	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Davie (Howe TC	

Page 3 of 3

Filing Fee: \$25.00