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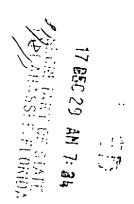
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations	
SUBJECT: Morales Quality Lawn Care, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for tiling.	
Please return all correspondence concerning this matter to the following:	
Janell Morales Monroy Name of Person	
Morales Quality Lawn Care, LLC Firm/Company	
3403 59m Ave. Dr. E. Address	
Bradenton, FL 34203 City/State and Zip Code	
JANELL. BROWNING @ YAHOO. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tanel Merale's Monroy at (941) 465 - 3760 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Morales Quality Lawr	Care LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>December</u>	13, 2017 and assigned
Florida document number <u>L17000254524</u>	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "I	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		z.
(Principal office address MUST BE A STREET ADDRE	ESS)	17
		200
		29
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		022 69
		3.6
B. If amending the registered agent and/or registeredistered agent and/or the new registered office address	ered office address on our reco ess here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
		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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Morales Monroy		Add
		3403 59TH Ave. Dr. E. Brudenton, EL 34	<u>203</u> ♥ Remove
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Filing Fee: \$25.00