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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARTER'S OWILTH LAWN SCRUICE 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:
KONNETH LARTOR SEEE
CARTERS CONTY LAUNSCHUERS
3/58 CRC5/20 CRC/2 8: For Address Address
City/State and Zip Code Cartles Quality Jawn Selvice Commit, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth BCARTOR at (407 1381012 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Carters Qui	ALITY LAWN S	CRUID
(Name of the Limited Liab (A Flor	<mark>ility Company as it now appears on o</mark> ida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liabili		and assigned and assigned assi
This amendment is submitted to amend the following	g:	FILL HASSI EP 13
A. If amending name, enter the new name of the	limited liability company here:	PEFFLOR
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		cords, <u>enter the name of the new</u>
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Flo	rida street address
	C'.	, 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 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

MGRM = Managing Member Title **Address Type of Action** Name | MORA SANDRA CARTER MIAMINE 33/95 Remove Remove

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1 .	
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	· ///
 -	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member KENNETH B CARTOR
	Typed or printed name of signee
	•

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA