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| (Requestor's Name) | <u> </u> |
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| (Address) | |
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| PICK-UP WAIT MA' | L |
| (Business Entity Name) | |
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| Certified Copies Certificates of Status | ļ |
| Special Instructions to Filing Officer: | |
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Office Use Only



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2019 CTT-7 PM 1:43

L. V.

COVER LETTER

| SUBJECT: + (| ast Lawn | Service LLC | · |
|------------------------------|---|---|---|
| | Name of Li nite | d Liability Company | |
| | † (| | |
| The enclosed Articles of A | mendment and fee(s) are subm | itted for filing. | |
| Please return all correspond | dence concerning this matter to | the following: | |
| | Shanne | Betlewice Name of Person | 2 |
| |) !) ! | | |
| | | Firm/Company | |
| | 22559 nn | orning Blong Ci | <u>.</u> |
| | Bradento | OFL 34202 City/State and Zip Code | <u> </u> |
| | + betz 2010 E-mail address; (to | e gwail. WM be used or future annual report notification | (nc |
| For further information con | ncerning this matter, please call | : | |
| Druna B | ettewicz_ | at (315) 246 - C | 0757 |
| (Vallie of 1 | Cison | Aca code Dayone Too | phone (value) |
| Enclosed is a check for the | 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

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 AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2019 DET -7 PH 1:43

| | | | 201700: | • |
|--|---------------------------|---|------------------------|---------------------------|
| At Last Lawn | Service | CUC | | • |
| (Name of the Limited | Liability Compa | ny as it now appear Liability Company) | s on our records.) | |
| | } | | 1 | |
| The Articles of Organization for this Limited Lial | lity Company | were filed on £ | tor, 11,20 | 14 and assigned |
| Florida document number <u>L140005</u> . | | | • | |
| This amendment is submitted to amend the follow | ng: | | | |
| A. If amending name, enter the new name of t | <u>t e limited liab</u> | ility company he | e <u>re</u> : | |
| A+ Last Services | ill | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liabi | lity Company," the d | esignation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ıle: | | | |
| Principal office address MUST BE A STREET | (DDRESS) | | | |
| | | | | |
| | 1 | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE B | (iY) | | | |
| Mauring undress MAT BE AT OST OFFICE BO | <u> </u> | | | |
| | i | | | |
| 3. If amending the registered agent and/or | registered of | Mice address on | our records, <u>er</u> | ter the name of the ne |
| egistered agent and/or the new registered offi- | <u>e address her</u> | <u>e</u> : | | |
| | 1 | | | |
| Name of New Registered Agent: | · ············ | | | |
| New Registered Office Address: | 1 | | | |
| New Registered Street Hadabas. | | Enter Flor | ida street address | |
| | | | , Florida | 3 |
| | | City | , FIOLIU | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered Agent: | | | |
| hereby accept the appointment as registered | • | ee to act in this o | canacity I further | r garee to comply with th |
| provisions of all statutes relative to the proper | | | | • |

I hereby accept the appointment as registered eigent 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 = Ms $AMBR = As$ | anager uthorized Member | 1 | | |
|----------------------|----------------------------|------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
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| an effectore: l | ctive date is listed, th If the date inscrted | in this block does | c and cannot be prior to date of filing or more than 90 days after filing.) not meet the applicable statutory filing requirements, this date v of State's records. | |
| | | delayed effecti the record is fi | ve date, but not an effective time, at 12:01 a.m. o ed. | n the earlier of |
| ated _ | Octobe | r 3rd | 2019. | |
| | | | | |
| | | Signature | of a member or authorized representative of a member | - |
| | | | 1 | |

Page 3 of 3

Filing Fee: \$25.00