204000010385

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TALLAHASSEE, FIORIS

COVER LETTER

TO:

Registration Section

Division of C	orporations				
SUBJECT:	Smliev's Lawn	& Tractor Service, L	LC		
Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Dateen Smiley		」」。	
		Name of Person		E Ju	** 1
	Smiley's	Lawn & Tractor Servic	e, LLC	TALLAHASS	a a superior
		Firm/Company			in j
		909 Cypress Avenue			٠
		Address		33 4	
	Р	anama City, FL 32401			
		City/State and Zip Code			
	E-mail address: (winem@live.com to be used for future annual report	rt notification)	_	
For further information	n concerning this matter, please of	call:			
	Dateen Smiley	at (_850)	866-1716		
Nam	e of Person	Area Code & I	Daytime Telephone Nun	ıber	
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certificion Certif	Filing Fee, ficate of Status & fied Copy tional copy is end	
Regi	ILING ADDRESS: istration Section	Registration		3:	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of C Clifton Build 2661 Execut			

Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	T & I FACTOR SERVICE Y Company as it now appea Limited Liability Company)	ers on our records.	·	
The Articles of Organization for this Limited Liability C Florida document numberL04000010385	Company were filed on	02/26/2004	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Comp	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		Tree of	2	
(Principal office address MUST BE A STREET ADDI	RESS)	F 5	and the same section.	
		بر بر مرابع مرابع مرابع	franka-	
Enter new mailing address, if applicable:		27 27 27	6 0	
(Mailing address MAY BE A POST OFFICE BOX)		lu lu	(%)	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	e name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street addre	22	
	City	, Florida	Zin 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 = Ma $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Keeser L. Wynn	5807 Butler Drive Apt 35 Panama City, FL 32404	Add Remove
	 		Add Remove
 ,			Add Remove
			Add Emove
	 .	70 P. T.	Add
		F 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
<u>A</u>	s of May 30, 2012 Keeser L	er change(s) here: (Attach additional sheets, if necessary.) Wynn is no longer a 10% partner with Smiley's . There was a disagreement and she never return	
Dated	June 3	teen Smit	
	Sighature of	a member or authorized representative of a member Dateen Smiley	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00