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2016 OCT -5 PH 3: 11
SECULTARY OF STATE
AND ARRESTS FOR ORIGINAL

K. SALY OCT - 7 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Locklear Brushcutting LLC 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:
rease retain an correspondence concerning this maner to the following.
Delton Locktear 3- Nelson Locklear Name of Person
Locklear Brusheutting LLC Film/Company
1100 Rhode Island Ave Lynn Haven FL 32444 Address
Lynn Haven FL 32444 City/State and Zip Code
Locklear Brushcuttin a gnail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Delton Locklear Tr Name of Person at (850) 527-0919 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate Opy (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**

	TO TO CLES OF ORGANIZATION OF	2016 OF 1 LEO
Locklear Brus	d Liability Company as it now appears on our reco	2016 OCT -5 PM 3:11 rds.) rds.) rds.)
The Articles of Organization for this Limited Lia Florida document number <u>Lo4000018218</u>	,	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:		rds, enter the name of the new
new negligicity Office Address.	Enter Florida street add	ress
	Lynn Haven	Florida 32444 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 **Title** Name **Address Type of Action** Nelson Locklear 1100 Phode Island Ave Lynn Haven, FL 32444 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change AHASSIE OCHANGE ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ote: If the date ins	her than the date ed, the date must be spected in this block do date on the Departm	es not meet the ap	plicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant , this date will not b	to 605.02 e listed
	es a delayed effe fter the record is		not an effectiv	ve time, at 12:0	01 a.m. on the ϵ	arlier
ned October 1	st	<u>, 2016</u>	·			
	Deltin hock	ure of a member or	authorized represent	ative of a member		_

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Filing Fee: \$25.00