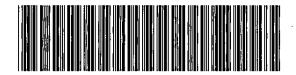
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(Re	equestor's Name	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number	)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration ! Division of Co		٠.				
SUBJECT: PERI	FECTION LAWN SERVICE	CES. LLC				
SCHIECT,	(Name of Limited Liability C	<del></del>				
The enclosed Articles of	f Amendment and fee(s) are submitted for filing	<b>3</b> .				
Please return all corresp	condence concerning this matter to the following	g:				
	KEN SAXON CPA					
	(Name of Person	on)				
	SAXON ACCOUNTING 8		ING INC			
	(Firm/Compan					
	2344 HANSEN LANE U	NIT 1				
	(Address)					
	TALLAHASSEE FL 3230	01		-145	07	
	(City/State and Zip	Code)		ALC:	<u>*</u>	
For further information	concerning this matter, please call:			TASSET (	07 NOV 13 PH 3:35	FILEC
KEN SAXON	N CPA at ( 85	<sup>0</sup> , 942-6151		ES.	≖ بې	
(Name	of Person)	(Area Code & Daytime	Telephone Number)	OF STATE E. FLORIDA	35	
Enclosed is a check for the	following amount:		•			
	\$30.00 Filing Fee & S55.00 Filing Certificate of Status		\$60.00 Filing Fee, Certificate of Status &	i.		

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PERFECTION LAWN SERVICES, LLC

( ) Ju

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles document nu	of Organization were filed on 10/28/2005 and umber L05000105439	assigned
SECOND:	This amendar	nent is submitted to amend the following:	
	CHANG	GE MGMG	
	FROM	MICHAEL W HANCOCK JR	
		1800 LITTLETON CIRCLE	
		TALLAHASSEE, FL 32308	07 M
	TO	MARIE E TUCKER	ON THE
		9089 FOXWOOD DRIVE SOUTH	3 PK
		TALLAHASSEE, FL 32309	OT NOV 13 PH 3: 35
			AREA 35
			<del></del>
Dated NC	VEMBI	ER 12 <u>2007</u>	
	Xe	nself M San UM W/OH Signature of a member or authorized representative of a mem	ber

Filing Fee: \$25.00

Typed or printed name of signee

**CPA WITH POA** 

KENNETH M SAXON