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SLUNCTARY OF STATE
ALLARASSEE FLORINA

K.SALY EXAMINER OCT 30 2012

COVER LETTER

	I im Jero	Lawn Care LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Chad Chauncey	
		Name of Person	
	Bernie	Cook & Associates, P.	Α.
		Firm/Company	
		212 Lake Harris Dr.	
		Address	
		Lakeland Fl. 33813	
		City/State and Zip Code	
	Chado E-mail address: (haunceycpa@gmail.co to be used for future annual report n	m otification)
For further information c	oncerning this matter, please of	eall:	
Timo	thy Jero Jr.	at (<u>863</u>)	860-2380
Name o	f Person	Area Code & Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & □ Certified Copy (additional copy is enclo	sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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

Tim Jero Lawn Care LLC

FILED"
12 007 29 PM 1: 36

SCORLTARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Comp (A Florida Limited)	iany as it now appears (Liability Company)	on our records.)	
(2) Florida Ellinted	. Zinomi, Company)	03/26/200	8
The Articles of Organization for this binded his bility Compan	ny were filed on		and assigned
Florida document number <u>LD 900003 10 73</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u> Jero Irrigation &		:	
The new name must be distinguishable and end with the words "Lin't.L.C."	nited Liability Company	y," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			······
			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street d	uddress
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
		pacity. I further	

If Changing Registered Agent, Signature of New Registered Agent

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				
<u>Title</u>	Name	Address	Type of Action	
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			□	
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_	
			_	
				
Dated	710	 .		
	hill-		·	
	Signatury of a membe	r or authorized representative of a member Ten Tr		
		for printed name of signee		

Page 2 of 2

Filing Fee: \$25.00