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EXAMINER

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COVER LETTER

Division of Co						
SUBJECT:	Sty's Lav	wn Service, LLC				
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
~ .		Eric S. Haug				
		Name of Person				
	·	Firm/Company	 			
		328 Anton Drive				
		Address	_			
Tallahassee, Florida 32312 City/State and Zip Code						
	E-mail address: (eshaug@nettally.com to be used for future annual report	notification)			
For further information	concerning this matter, please	call:				
	Eric S. Haug	at (_850)	251-2463 sytime Telephone Number			
. \			,,			
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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sty's Lawn Servi	ce, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	ty Company)	n our records.)	
he Articles of Organization for this Limited Liability Company were	filed on	09/11/2008	and assigned
lorida document numberL08000086794			
his amendment is submitted to amend the following:			
If amending name, <u>enter the new name of the limited liability o</u>	company here:		
he new name must be distinguishable and end with the words "Limited Li L.L.C."	iability Company	," the designation "l	LLC" or the abbreviation
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
·	Talibara Milana		
nter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BOX)			
<u> </u>			
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our	records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		<u>X</u>	<u>s</u>
		L	
New Registered Office Address:	Enter	Florida street data	tress 🔾
		SS SS SS SS SS SS SS SS SS SS SS SS SS	3 3
	ty	, Florida [m]	Zi Zode
New Registered Agent's Signature, if changing Registered Agent:	•		

If Changing Registered Agent, Signature of New 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 = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGRM Andrew Broeseker** 4990 O'Shea Court ✓ Add Tallahassee, Florida 32309 ☐ Remove ☐ Add Remove □ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Eric S. Haug

July 23

Dated

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00