12900046531

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nai	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
	. <u>-</u>	

Office Use Only

G. MCLEOD

JUN - 2 2009

EXAMINER



900155660389

05/21/09--01020--011 **60.00

DIVISION FOR AM 8: 34

COVER LETTER

TO: Registration Section
Division of Corporations

FREEDOM LAWNCARE AND LANDSCAPING, 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: JOSHUA YORK Name of Person Firm/Company 5295 Magnolia Pond Dr Address Sarasota, Florida 34233 City/State and Zip Code jyork1116@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua York Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **[√**]\$60.00 Filing Fee, \$55.00 Filing Fee & \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

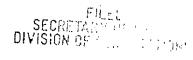
MAILING ADDRESS:

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

FREEDOM LAWN CARE AND LANDSCAPING, LLC



09 JUN -1 AM 8: 34

(Name of the Limited Liabi (A Florid	ility Company as it now appear da Limited Liability Company)	ers on our records.)	· · ·
The Articles of Organization for this Limited Liability Florida document number	· · · · —	May 11, 2009	and assigned
This amendment is submitted to amend the following	;;		
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
CUTTING EDGE L	ANDSCAPE MAINTEN	ANCE, LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	_C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		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 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 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:

850 245 6030

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add	
	·		Add Remove	
			Add TRemove	
			AddRemove	
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_	
_			_	
_			-	
Dated	June 1, 2009	ai f		
		Joshua York d or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00