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(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
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EXAMINER



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SECRETARY OF STATE
FALLAHASSEE. FLORIDA

COVER LETTER

SUBJECT:	Juan's La	wn Service, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Juan Lopez Reyes	
		Name of Person	
		Firm/Company	
		5208 6th Street W	
		Address	
	Le	ehigh Acres, FL 33971	
•		City/State and Zip Code	
) }	<u>j</u> t E-mail address: ()	uanlawn@gmail.com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please o		,
or rather information of	mooning in matter, prease c	aii.	
	uan Lopez		938-6975
Name of	Person	Area Code & Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section
Division of Corporations

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

Juan's Lawn	Service, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/20/2009	and assigned
Florida document numberL0900080830			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :	
Star Jasmine Lar	ndscaping, LLC		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
• • •			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		A	<u> </u>
•		As	
Enter new mailing address, if applicable:		ASSE	^Σ α .
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	2 III
muning uniness MAT BEAT OST OFFICE BOA		——————————————————————————————————————	설 등 C) -
		LORIDA	<u> </u>
D 16 11 11 11 11 11 11 11 11			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	ne name of the ne
registered agent and/or the new registered office address her	<u>c</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ess
		, 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:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Domouo
			Add Remove
			Damaya
<u>i</u>			Pamaya
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if r	necessary.)
_			
<u>-</u>			
Dated	November 14		
	Signapara	a member or authorized representative of a member	
		Juan Lopez Reyes Typed or printed name of signee	

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Filing Fee: \$25.00