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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: Action Lawn 4 Tractor Service 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:
Richard Idolly Name of Person
Firm/Company
7105 Santa Rosa PKWY Address
Ft. Pierce F1 34951 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Holly Rey Engle at (772) 409-7389-772-360-8890 Name of Verson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Can't 9 11 Certificate of Status & 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

ARTICLES OF ORGANIZATION OF

FILED

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	01	AS OF! 52 MU	14.00
Name of the Limited Liabil (A Florid	n - Tractor ity Company as it now appe	SECRETAGY OF TALLAHASSEE, 9 ars on our records.)	STATE CORIDA
(А гюпо	a Limited Liability Company		
The Articles of Organization for this Limited Liability Florida document number		8/24/09	and assigned
		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company be	ere:	
<u> </u>			
<u> </u>			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
			······································
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		,	•
B. If amending the registered agent and/or reg	istered office address on	our records, enter th	e name of the new
registered agent and/or the new registered office ad	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		ps _ 9.1 _	
	City	, Florida	Zip Code
			- F

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 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

Title Name Address Type of Action REX A ENgle MGRM Remove Danna Maness mbRn Remove Add 🔲 ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9 September 23, 2009. Dated Ruhand A. Holly
Signature of a member of authorized representative of a member Richard Holly
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00