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SLUNCHARY OF STATE
SLUNCHARSSEE, FLORIDA

S. HAWKES

MAY 0 5 2010

EXAMINER

COVER LETTER

FO: Registration Sec Division of Corp		
SUBJECT:	Smith 4 Sons Land Scaping - Lawn Core Services LLC Name of Limited Liability Company	<u>.</u>
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Dave Smith Name of Person	
	Smith & Sons Landscaping - Lown Care Services a	درد
	2070 Belleair Rd Address	
	Clearwater FL 33764	
	Clearwater FL 33764 City/State and Zip Code dsmitas Dtampo bay. rr. com E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Dave Smi	th <u>at (727)</u> 480-2600	
Enclosed is a check for th	e following amount: \$\Bigsquare{1}\S\$30.00 \text{ Filing Fee & S60.00 \text{ Filing Fee, Certificate of Status}} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}} \text{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

Smith & Sons Lanscaping - Lawn Care Services LCC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on _	April 16,2010	and assigned	
Florida document number L 100 000 41136	·			
This amendment is submitted to amend the following:			THE PROPERTY OF STATE	
A. If amending name, enter the new name of the li	mited liability company l	nere:	977	
Smith & sons Landscaping -	Lawn care Serv	rices we	y	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
		· · · · · · · · · · · · · · · · · · ·	<u></u>	
Enter new mailing address, if applicable:	v 2011		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				

B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		n our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Town registered of the Francisco.	ddress			
	, Florida			
	City		Zip Code	
51	1. 4 4 .			

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 = Manager

MGRM =	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			FILED 3: 01
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			
			
 Dated	4-28-10 /O		
	Davi	r or authorized representative of a member d S. Smith	
	Typed	or printed name of signee	_

Page 2 of 2

Filing Fee: \$25.00