

LI 0000065094

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

2013 MAR 22 PM 12:22

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MAR 25 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Less Stress Lawn Care 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:

Ralph J. Mathews II

Name of Person

Less Stress Lawn Care LLC

Firm/Company

P.O. Box 562

Address

Valparaiso, Fl. 32580

City/State and Zip Code

lessstresslc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph J Mathews II

Name of Person

at 850 699-1617

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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

FILED
2013 MAR 22 PM 12:22
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Less Stress Lawn Care LLC

(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 Feb. 7, 2013 and assigned
Florida document number L10000065094.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 Hart Street

Niceville, Fl. 32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 562

Valparaiso, Fl. 32580

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ralph J Mathews II

New Registered Office Address:

301 Hart Street

Enter Florida street address

Niceville

City

Florida 32578

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.

Ralph J Mathews II
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

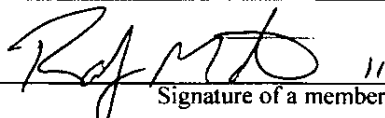
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bryan Griffin	336 Lincoln Ave	<input type="checkbox"/> Add
		Valparaiso, Fl. 32580	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ST. JOHNS COUNTY
CLERK OF COURT
DATE
MAR 22 11:12 AM
11660

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March, 20, 2013



Signature of a member or authorized representative of a member

Ralph J Mathews II

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

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