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D. BRUCE OCT 21 2016



COVER LETTER

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TO: Registration Se Division of Cor				
SUBJECT:	Quality Law of Lim	n & Land Scapine ited Liability Company	J LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Top Qua	Name of Person Lity Lawn & Land Firm/Company ole Glu Address CL 32025 City/State and Zip Code		16 億1 21 系列:
		City/State and Zip Code 1620 amail: Control of the used for future annual report notified.		
For further information co	Display this matter, please co)	ication)	
David T. Name of	WellS f Person	at (384) 748 - Area Code Daytime	947/ Telephone Number	
Enclosed is a check for th	ne 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	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lop Quality L	awn & Landscaping L	
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L100000</u> 7440		O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Top Quality L	LC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>∑</u> g 35
(Principal office address MUST BE A STREET ADD	DRESS)	<u> </u>
		- 23章 へ -
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)	·	<u> </u>
B. If amending the registered agent and/or reg		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name -<u>Address</u> **Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remover Change Add Add ☐ Change 🗆 Add · ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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ın efi ote:	ive date, if other than the date of filing:
rec The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 0 90th day after the record is filed.
ated	10/21/16

Page 3 of 3

Filing Fee: \$25.00