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B. BOSTICK
DEC 1 5 2010
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: The Lawn Squad, U.C. 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:
Frances Martinez Name of Person
The Lawn Squad, LLC
5001 N. Nebraska Ave. Suite A
Tampa, F1 33403 City/State and Zip Code
The Lawn Squad Ormail. Com E-mail address: (to be used for future ahnual report notification)
For further information concerning this matter, please call:
Frances Martinez Name of Person at (813) 232.5000 Area Code & Daytime Telephone Number
Enclosed is a check for the 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, 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

The Lawn Squ		
(Name of the Limited Liability (A Florida I	Limited Liability Company)	<u>n our records.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on Augl	15+ 14,2010 and assigned
Florida document number <u>L1600008</u>	5437	,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and end with the wor- "L.L.C."	ds "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TAL TO
(Principal office address MUST BE A STREET ADDR	(ESS)	AZ D
		S
•		m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		P: 3
municional DENT COLUTTICE BONY		DA 8
	- 2 	
B. If amending the registered agent and/or regist		records, enter the name of the new
registered agent and/or the new registered office addr	ress here:	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, 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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** MGRM Lynch 5001 ☐ Add Remove MGRM Frances Martinez 5001 N. Nebraska Ave Add Remove ampa, FI ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 8th 2010 gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00