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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: UNLIMITED LAWN SERVICE					
301,01			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		•
			JESUS ORTEGA		3
		Name of Person			
UNL		IMITED LAWN SERVICE			
		Firm/Company			
		P.O.BOX 593			
		Address			
		т	ALLEVAST , FL 34270		
			City/State and Zip Code		
For fur	ther information	E-mail address: (concerning this matter, please)	to be used for future annual report no call:	otification)	2011 SEC
		-			DII MAR 21 SECRETARY NLLAHASSE
		SUS ORTEGA of Person	at (_941)	284-5658 ime Telephone Number	
	Name	or rerson	Area Code & Dayl	ime Telephone Number	m _C
Enclos	ed is a check for t	the following amount:			F STATE
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	D LAWN SERVICE	n our records)			
(<u>Name of the Limited Liability (</u> (A Florida Li	mited Liability Company)	ii oui <u>recorus.</u>)			
The Articles of Organization for this Limited Liability Co Florida document numberL10000086671	inpany were filed on	08/18/2010	and assign	ed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and end with the word	s "Limited Liability Company,	" the designation "l	LLC" or the abbi	reviation	
"L.L.C." Enter new principal offices address, if applicable:	7615 19TH ST I	<u>=</u>	2011 SEC TALL		
(Principal office address MUST BE A STREET ADDRE			ARE T	71	
		· · · · · · · · · · · · · · · · · · ·	ARY SS		
Enter new mailing address, if applicable:	P.O.BOX 593		LORI STAT		
(Mailing address MAY BE A POST OFFICE BOX)	TALLEVAST, FI	L 34270		 .	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, enter (the name of t	he new	
Name of New Registered Agent: JESUS	JESUS ORTEGA				
New Registered Office Address: 7615 1	19TH ST E				
	Enter Florida street address				
	SARASOTA	, Florida	34243		
	City		Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	complete performance of lent as provided for in Chap	my duties, and I o ter 608, F.S. Or,	am familiar wi if this docume	th and	

Page 1 97 2

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 Type of Action Address . <u>Title</u> Name | MGR JESUS ORTEGA 7615 19TH ST E ✓ Add Remove SARASOTA, FL 34243 MRG JAVIER ALVAREZ P.O.BOX 593 ☐ Add Remove TALLEVAST FL 34270 ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CORRECTING NAME FROM JEUS ORTEGA TO JESUS ORTEGA 03/17 2011 Dated _ _ Signature of a member or authorized representative of a member **JESUS ORTEGA**

Typed or printed name of signee

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Filing Fee: \$25.00