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COVER LETTER

TO: Registration Section
Division of Corporations

Sweetwater Landscaping and Property Maintenance LLC

SUBJECT:

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:

Nicholas Barron

Name of Person

Sweetwater Landscaping and Property Maintenance LLC

Firm/Company

16018 Palmettorun Circle

Address

Lithia, FL 33547

City/State and Zip Code

nick@sweetwatercomany.com

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

For further information concerning this matter, please call:

Nicholas Barron

_813 <u>777-7027</u>

Name of Person

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,
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweetwater Landscaping & Property Maintenance 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 Florida document number L10000104834	Company were filed on 10/7/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	20 TAL
		>> ii
		7- 60
Enter new mailing address, if applicable:		36 36 S
(Mailing address MAY BE A POST OFFICE BOX)		
		Dr. S
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
_	, Florid	a
	City	Zip Code
New Registered Agent's Signature if changing Register	ad Agant	

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	Megan B Barron	16018 Palmettorun Circle	Add
		Lithia, FL 33547	Remove
		3.º C.	Add Remove
		TARES SERVICE OF THE	Remove
			Add Remove
			Add Remove
			Add Remove

	enter change(s) here: (Attach additional she	ets, if necessary.)
•		
		
		
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SV/a.Th		
Signature	of a member or authorized representative of a me	ember
Nicholas Patrick Bar	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
THORIOGOT CLITCK DUI	Typed or printed name of signee	<u></u>
	Page 3 of 3	
	_	2015
	Filing Fee: \$25.00	AH.