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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lawn Cave of America 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:
Mario Desuphine Name of Person
Lawn Care of America LLC Firm/Company
3314 SW 26th Flee
Cape Coval FL. 33914 City/State and Zip Code Lawneaveofawevica @ Outlock. do E-mail address: (80 be used for future annual report notification)
For further information concerning this matter, please call:
Mario Dauphin at (239) 849 6843 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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 ARTICLES OF ORGANIZATION

Lawy Cave of a werica LLC (Name of the Linsted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u></u>		
The Articles of Organization for this Limited Liability Company were filed on $Suggizz$, F Florida document number $L/0000125060$	2_and as	signed	ļ
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)	and assigned 25 06 0 owing: f the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." cable: ET ADDRESS) BOX) For registered office address on our records, enter the name of the new office address here: Enter Florida street address Florida City Florida		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>enter</u> registered agent and/or the new registered office address here:	the name		e new
	≥હ્રેં	8	٠,
Name of New Registered Agent:			• }
New Registered Office Address:	- 138 - 138	<u></u>	* 10. 10 *
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, Florida		. is	ر 1440ء جو م
City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	خنز		

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Nicole Dauphin	3314SW 2974 Ave., Cape Coral	_ jX_ _Add	
		P. 33914	☐ Remove	
			□ Add	
			Remove	
			[] Add	
			C Remove	
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D. If an		mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	-			
Ε,	Effect	tive date, if other than the date of filing: (optional) Sective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
ļ	the da	te this document is filed by the Florida Department of State)		
	Dated	10-2-2014		
		Levio (San		
		Signature of a member or authorized representative of a member		
		Mario Danphiu		
		Typed or printed name of signee		

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Filing Fee: \$25.00

SECRETARY OF STATE