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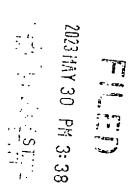
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Y. SCOTT

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Durkee Ho SUBJECT:	rticultural Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wayne Matthew Durkee		
		Name of Person	
	Durkee Horticultural Servi	ces, LLC	
		Firm/Company	2023
	166 Creekside Dr.		2023 HAY 30
	···	Address	
	St. Augustine, Fl 32086		PH 3: 38
		City/State and Zip Code	ကို ယ ကို ယ
	themattdurkee@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Wayne Matthew Durkee		904 237-2622 at ( )	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Son Division of Control The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Durkee Horticultural Services, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 4/26/2011	and assigned
Florida document number L11000049584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Team Durkee, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	166 Creekside Dr.	
(Principal office address MUST BE A STREET ADDRESS)	St. Augustine, Fl, 32086	
Enter new mailing address, if applicable:	166 Creekside Dr.	2023 HAY
(Mailing address MAY BE A POST OFFICE BOX)	ii applicable.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	့် ယု 🐷
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 Ferson(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
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