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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Low Got Low Service 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:
rease return an correspondence concerning this matter to the following.
LUCIAN FRATILA (oumer)
LUCIAN FRATILA (oumer) Name of Person A Low Cost Lanum Service LL C Firm/Company
PO BOX 40481 Address
St Peters blug FL 337/0 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Simona Fratile at 727 686 1223 — Cell Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Low Cost Low	n Service LLC
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 110000 83 995</u> .	were filed on OR 102 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
A LOW COST LAWN	E TREE SERVICE LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	LUCIAN FRATILA
(Principal office address MUST BE A STREET ADDRESS)	2573 62 md Hve N
	St. Petershung FL 33702
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2573, 62 md Ave N St. Petersburg 71 33702
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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 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 Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		 	Remove
			Change
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Filing Fee: \$25.00