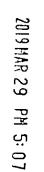
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. GOLDEN APR - 6 2019

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		OST LAWN 🕂 TREE SERV	ICE LLC	
		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LUCIAN FRATILA		
			Name of Person	
		A Low Co.	A Lawn & Tree	Service LLC
		2573 62ND AVE N		
		SAINT PETERSBURG	Address	
		F1.33702	City/State and Zip Code	
			to be used for future annual report notific	ation)
For furth	er information c	oncerning this matter, please ca	all:	
SIMON.	A FRATILA		727 686-1223 at ()	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$ 25.0	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

RECEIVED

IIAR 0 7 2019



March 16, 2019

LUCIAN FRATILA A LOW COST LAWN & TREE SERVICE LLC 2573 62ND AVENUE N SAINT PETERSBURG, FL 33702

SUBJECT: A LOW COST LAWN & TREE SERVICE LLC

Ref. Number: L11000088995

We have received your document for A LOW COST LAWN & TREE SERVICE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

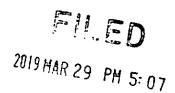
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00005305

Shelia H Young Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



				- 111 3:0
A LOW COS	t Lawn -dited Liability Company as it nov	Thee papears on o	Sezuice ur records.)	LLC. W. SELTE
The Articles of Organization for this Limited 1	inhility Company ware filed	ton 08	102/2011	and assigned
Florida document number <u>L 110000</u>	natinity Company were med of a a .C	1011 <u> </u>	1001,001	and assigned
Florida document number <u> </u>	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability comp	any here:		
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designa	tion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	•	ress on our	records, enter 1	the name of the new
New Registered Office Address.	- In	nter Florida str	eet address	
	SAINT PETERSBURG		. Florida 337	r02
	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>	<u>Address</u>	Type of Action
MGR	LUCIAN FRATILA	2573 62ND AVE N ST. PETERSBURG FL 33702	Add
			П Remove
	SIMONA FRATILA		Change
MGR			□ Add
			■ Remove
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

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f an eff Note:	ive date, if other than the date of filing: 03/04/19 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Morch 4th 2019
	Signature of a member or authorized representative of a member
	Simona Fratile

Page 3 of 3

Filing Fee: \$25.00