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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

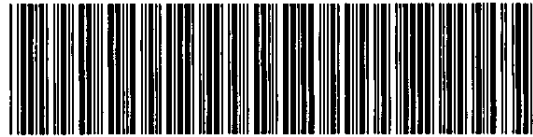
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JRM TOTAL LAWN CARE SERVICE
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:

William D. Johnson
Name of Person

JRM TOTAL LAWN CARE SERVICE
Firm/Company

138 ARIES DRIVE
Address

ORANGE PARK FL 32073
City/State and Zip Code

billby2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William D Johnson at (904) 272 2938
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

- JRM TOTAL LAWN CARE SERVICE
(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 Company were filed on 1/24/12 and assigned
Florida document number - 45-4337637.

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)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

- William D Johnson

New Registered Office Address:

- 178 ARIES DR

Enter Florida street address

- ORANGE PARK
City

Florida

Zip Code 32073

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.

- William D Johnson
If Changing Registered Agent, Signature of New Registered Agent

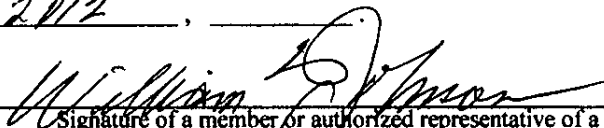
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER MGRM	William D. Johnson	138 ARIES DR	<input checked="" type="checkbox"/> Add
		ORANGE PARK	<input type="checkbox"/> Remove
		FL. 32073	
CEO	Joyce L. White	138 ARIES DR.	<input checked="" type="checkbox"/> Add
		ORANGE PARK	<input type="checkbox"/> Remove
		FL. 32073	
SECRETARY	Robert W. Bailey	138 ARIES DR.	<input checked="" type="checkbox"/> Add
		ORANGE PARK FL. 32073	<input type="checkbox"/> Remove
TREASURER	MARK A. JOHNSON	138 ARIES DR	<input type="checkbox"/> Add
		ORANGE PARK, FL. 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 8 Nov 2012



Signature of a member or authorized representative of a member
William D. JOHNSON

Typed or printed name of signee

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Filing Fee: ~~\$25.00~~