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| (Re | equestor's Name) | | | | |
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| (Ac | ldress) | | | | |
| (Ac | ldress) | | | | |
| (Ci | ty/State/Zip/Phone | ⇒ #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | usiness Entity Nar | ne) | | | |
| (Do | ocument Number) | • | | | |
| Certified Copies | _ Certificates | Certificates of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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08/31/12--01021--019 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Premier Lawn Care of SWFL 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: |
| Paul Fredrick Name of Person |
| Premiel Lawn Care of SWFL LLC Firm/Company |
| 6811 Babcock Ave |
| fort Myers FL 33966 |
| Fort Myers fl 33966 City/State and Zip Code Premier laws care of SWFL Ogahoo Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Paul fedrick at (239) 410 2923 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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

FILED

| | OF | | | 12 AUG 31 AM 11: 33 | |
|--|------------------------------|-----------------------|-------------|---------------------------------------|--|
| Premier Lo | iwn Co | use. | o F | SWERLANDISCHE | |
| (<u>Name of the Limited Lia</u> (A Flo | bility Company | as it now app | ears on ou | r records.) | |
| | | | | | |
| The Articles of Organization for this Limited Liabi | lity Company we | ere filed on <u>(</u> | 0/21 | 12012 and assigned | |
| Florida document number <u>L12000</u> 821 | 47 | | | | |
| | _ , | | | | |
| This amendment is submitted to amend the followi | ng: | | | | |
| A. If amending name, enter the new name of th | a limitad liahilit | w compony l | hara | | |
| is a amending name, enter the new name of the | c mmeet nabme | V Company | nere. | | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited | Liability Cor | npany," the | designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable | e: _ | | | | |
| (Principal office address MUST BE A STREET A | (DDRESS) | | | | |
| | _ | | | | |
| | | | | . <i>1</i> . | |
| Enter new mailing address, if applicable: | _ | | | | |
| (Mailing address MAY BE A POST OFFICE BO | X) | | · | | |
| | | | | | |
| | - | | | | |
| B. If amending the registered agent and/or | | e address o | n our rec | ords, enter the name of the new | |
| registered agent and/or the new registered office | address nere: | | | | |
| | | | | | |
| 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 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.

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

Title Name Address **Type of Action** Robert Wolfram JR 1026 SW 11th ave cape coral FL 38991 ☐ Add Remove ... Remove ☐ Add ☐ Remove Remove_ ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00