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TO:18506176383 FROM:5619658038

Page: 2

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEGACY TAX, INC.  
Account Number : I20120000069  
Phone : (561) 683-3000  
Fax Number : (561) 965-0938

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ARNALDO @ LEFFINANCIAL2.COM

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 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SCARRETT LAWN SERVICE LLC**

Certificate of Status	0
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**COVER LETTER**

H140000554703

TO: Registration Section  
Division of Corporations

SUBJECT: **SCARRETT LAWN 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:

**ARNALDO J COUCELO**

Name of Person

**LEGACY FINANCIAL PARTNERS LLC**

Firm/Company

**1818 S AUSTRALIAN AVE, #202**

Address

**WEST PALM BEACH, FL 33409**

City/State and Zip Code

**ARNALDO@LFPFINANCIAL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ARNALDO J COUCELO** at **561 683.3000**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 MAR -6 AM @ 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H140000554703

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

H140000554703

**SCARRETT LAWN SERVICE LLC**

(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 06/28/2012 and assigned  
Florida document number L12000086662

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)

1035 S STATE ROAD 7

SUITE 315-29

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1035 S STATE ROAD 7

SUITE 315-29

WELLINGTON, FL 33414

**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:

LEGACY TAX INC

New Registered Office Address:

1818 S AUSTRALIAN AVE, #202

Enter Florida street address

WEST PALM BEACH

Florida 33409

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

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

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MADD QUALITY LLC	1035 S STATE ROAD 7	<input checked="" type="checkbox"/> Add
		SUITE 315-29	<input type="checkbox"/> Remove
		WELLINGTON, FL 33414	
MGRM	CHRISTIAN M SCARRETT	5381 GREENWOOD DR	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* H140000554 703

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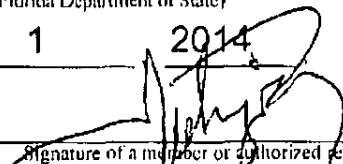
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 1 2014



Signature of a member or authorized representative of a member

**MURAT ACIKGOZ**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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