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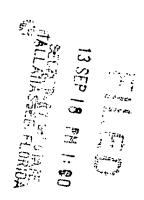
(Requestor's Name)
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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: Lawn		ca oing L ed Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Laun Tre 2010 1 APOPKA	Name of Person Chy Condany Firm/Company JISTA LN Address FL 32703 City/State and Zip Code	<u>LC</u>		
		o be used for future annual report notificati	on)	<u>ــــــ</u> نام ا	دويون
Jose he	cerning this matter, please ca	at (40) 2 [9 208		George Character	751
Name of I		Area Code & Daytime Te	Hepnone Number Constitution (No. 1)		THE PARTY OF THE P
\$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 Stat Certified Copy (additional copy is		

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

_ laun Techs	anchicaping	1.60		
- (<u>Name of the Limited Liabili</u> (A Florida	ty Company as It now app a Limited Liability Compan	ears on our records. y))	
The Articles of Organization for this Limited Liability	Company were filed on		and assign	ned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	here:		
The new name must be distinguishable and end with the w	ords "Limited Liability Cor	mpany," the designation	on "LLC" or the abb	reviation
Enter new principal offices address, if applicable:		A 1.474.01	#. ·.	
Principal office address MUST BE A STREET ADD	ORESS)		96 mg	
			33 \$	*****
			falls Start	e desamb
Enter new mailing address, if applicable:			~	4 4 2
Mailing address MAY BE A POST OFFICE BOX)		,		
			(=====================================	, description
			- 2	Charle T.
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad		n our records, <u>ent</u>	ter the name of t	the new
registered agent and/or the new registered office ad	uress nere.		•	
Name of New Registered Agent:				<u>_</u>
New Registered Office Address:		·		
-		Enter Florida street	address	
		, Florida	a	
	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 **Type of Action** Address MGRM JOUR Resendiz 2010 VISTA LN APOPK FL 3270x Remove ٠ Remove Remove Add Remove

 Dember 16 . 2015	
Signature of a member or authorized representative of a member	
700	

Page 3 of 3

Filing Fee: \$25.00

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