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B. BOSTICK
MAY 21 2014
EXAMINER

COVER LETTER

SUBJECT:	Frierson &	Son's Irrigation/Pre	ssure Washing	and Then So	ome, LLC	
		Name of Lim	ited Liability Company			
The enclosed	l Articles of Arr	endment and fee(s) are sub-	mitted for filing.			
Please return	all corresponde	ence concerning this matter	to the following:			
		Todd M. Frie	erson			
			Name of Person			
		Frierson and		_C		
			Firm/Company			
		7320 NW 15	58th St			
			Address			
		Alachua, Fl				
		friersonandsons-i	City/State and Zip Co			
	-		to be used for future ann		ion)	
For further in	nformation conc	erning this matter, please ca	all:		<i>*</i> .	r\ 2
Todd	M. Frie	rson	_{at} 352	363-41	57	
	Name of Pe	rson	Area Code	Daytime Te	lephone Number	1.5
Enclosed is a	check for the f	ollowing amount:				
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	•	Sectificate of Certificate of Certified Contact (additional contact)	g Fee, 60 of Statús & opy

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

Frierson & Son's Irrigation/Pressure Washing & Then Some, 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 I	Liability Company	were filed on April 26	and assigned
Florida document number L13000061616			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Frierson & Son's, LLC			
The new name must be distinguishable and end with the	words "Limited Liab	pility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		•
(Principal office address MUST BE A STRE	ET ADDRESS)	N/A	
			(m) (m)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	N/A	
			W.
B. If amending the registered agent and	<u> </u>		records, enter the name of the new
registered agent and/or the new registered o	mice address ner	<u>e</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	et 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or <u>Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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4 .	information, enter change(s) here: (Attach ad	
he effective date must be sp	than the date of filing: ecific, cannot be prior to date of receipt or filed date and cand by the Florida Department of State)	(optional) nnot be more than 90 days after
ated	/· 4	
	Signature of a member or authorized represen	tative of a member
Todd M	. Frierson	
	Typed or printed name of sign	22

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Filing Fee: \$25.00