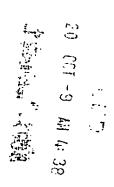


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(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone	: #)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: A	Merican Lawi	and Landscaph	ng, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gerad	Patterson Name of Person	
	 .	Firm/Company	·
	8925 Wei	Ilmatin Lakes (<u>A</u>
	Fort My	ers, FL 33908 City/State and Zip Code merican lawn land to be used for future annual report notif	
	gerade a E-mail address: (1	merican lawn land to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Gerad F	Person Person	at (239) 898-6 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5.00 Section 5.00 Section 5.00 Section 6.00 Secti
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632		The Centre of T	alianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

America	n Lawn	*****	scapno, L	LC_	
(Name of the Limited) (A	Liability Compar Florida Limited L	iy as it now appears on lability Company)	our records()		
The Articles of Organization for this Limited Liab Florida document number <u>L130000</u> 6772		were filed on May	7,2013	and assign	ed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liabi	lity company here:			
The new name must be distinguishable and contain the word	s "Limited Liabili	ity Company," the design	ation "LLC" or the ab	breviation "L.L.C	**
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	8925 Wel Fort Myer	lington Lal s, FL 33			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	8925 Well Fort Myen	ington Lak s, FL 33	es Ct 708	
B. If amending the registered agent and/or registered office address b	<u>iere</u> :		ds, <u>enter the nam.</u> پير	e of thenew re	egistered
Name of New Registered Agent:		1 Patterson	4	<u> </u>	
New Registered Office Address:	89251	Nellington Enderloridas	Lakes Cit		<u>, </u>
	Fort M	Line City	Florida	235 158 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MLR	Lenneth Ordway	904 SE 1745+	□Add
	·	904 SS 17th St Cape Coral, FL 339	20 Remove
	_		□Change
MGR	Gerad Patterson	8925 Wellington Lakes	Ct NAdd
		Fort Myers, FL 33908	□Remove
			□Change
			□Add
			□Remove
			□Change
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io <u>te:</u> If tl	ne date inserted i	han the date on the date must be specifing this block does on the Department.	es not meet the	applicable sta	of filing or more the	(opti o an 90 days after uirements, this	onal) filing.) Pursuant s date will not b	to 605.0 e fisted
record sp I is filed.	ecifies a delayed	f effective date, l	but not an effe	ective time, at	12:01 a.m. on th	e earlier of: (b) The 90th day	; after t
ated	acto	2	_ 2	<u>666</u>				
		10	An.					
		Signatu	ire of a requiber	or authorized re	presentative of a	member		

Filing Fee: \$25.00