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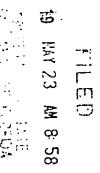
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COVER LETTER

Division of Cor	porations	-	
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SUBJECT: SL.	i Plooning 1	-LC	
	Name of Limit	ted Liability Company	:
	J		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Pleace return all correspo	ndence concerning this matter t	to the following:	
rease return an correspo	dence concerning and matter t	to the following.	
	_ 1		
	Shaun	Tudal	
		Name of Person	
		· - :	
	First Class G	rass of Central	1 Florida
		Firm/Company	
	2000	1 1 0	١.٥
	2502 Wood	15 Faae Circ	15
		Address	
	Orlando	E1 20817	
	UI WILLO,	City/State and Zip Code	
	Containeray	•	Oomail Com
	E-mail address: (1)	a SS C: EVITY a 1 FL o be used for future annual report notific	eation)
For further information c	oncerning this matter, please ca	dt:	
~1 · —	, ,		0.5.7
shavn ju	<u>aa</u>	ar(407) lel7 =	<u> 30le3 </u>
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for th	ne following amount:		
		5 6 5 6 6 6 6 7 7 7 7 8	5 6/0 00 1212 12
□ \$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Communic of Manage	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	5/20/2013 and assigned
Florida document number <u>L 13000073549</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> ;
First Class Grass of Central Florid the new name must be distinguishable and contain the words "Limited Liability Company." the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	1
Enter new mailing address, if applicable:	至 豆
Mailing address MAY BE A POST OFFICE BOX)	00
	> 8
3. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Floria	la street address
City	, Florida Zip Code
City New Registered Agent's Signature, if changing Registered Agent:	Zip Coxie

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effect Note: If	date, if other than the date of filing:	ing.) Pur		
the recoi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	n. on	the e	arlier of:
Dated <u>1</u>	Signature of a member or authorized representative of a member			-
	Shaun I. Judd			_
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00