113000074651

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COVER LETTER

	n Section Corporations	
Hap	awns.net	i
3015EC1	Name of Limited Liability Company	
	s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:	
	Michael D. Petschke	
	Name of Person	\
	Happylawns.net, LLC	
	Firm/Company	
	8629 Sanlando Ave.	
	Address	
	Jacksonville, Fl. 32211	
	City/State and Zip Code	
	integrity.lawn-ornamental@comeast.net E-mail address: (to be used for future annual report notification)	
For further inform	on concerning this matter, please call:	
Michael Petschke	904 721-0182 at ()	
	at () me of Person Area Code Daytime Telephone Number	
Enclosed is a chee	or the following amount:	
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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

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Happylawns.net, 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 5/22/13 and assigned Florida document number <u>L13000074651</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amendin	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:					
MGR = N	•					
Title	<u>Name</u>	Address	Type of Action			
AMBR	Lisa L.Petschke	8629 Sanlando ave	Add			
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effective date is listed, the date t	must be specific and cannot be pri- block does not meet the appl		m 90 days after filing.) Pursuar	
	Department of State's record		mements, this date will not	be fisied as the
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	ed effective date, but n	ot an effective time,	at 12:01 a.m. on the	earlier of:
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. 10/24/17	2017			
d 10/24/17	2017	-· / _		
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1// 000	Signature of a member or and	thorized representative of a n	iember	
	- //	•		

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Filing Fee: \$25.00