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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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2013 JUN 17 AHII: 20

B. BOSTICK
JUN 1 8 2013
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: AC	Name of Limit	ted Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	Courtne	Name of Person	unden	
	AG Lawn	3 Tree Service L	1.	
	417 Texas F	Address		
		Beach, FL 33U City/State and Zip Code	IDC PER ES	
	OWEVICYOSS E-mail address: (v	Comments of the comment of the comme	il. Com	7
For further information c	oncerning this matter, please co		ARY SSEE	-
Chvistophy Name o	V Cvitunden f Person	at (561) 225 - Area Code & Daytin	ALLAHASSEE, FLORE SEE FLOR	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Certified Copy

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG Laun & Tre		ur records)
(A Florida	y Company as it now appears on o Limited Liability Company)	ur recurus,
The Articles of Organization for this Limited Liability (Florida document number 11300007786	- ·	29/2013 and assigned
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 wo	ords "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************	
(Principal office address MUST BE A STREET ADD	RESS)	7 A
		>
		E E
Enter new mailing address, if applicable:		SSE II
(Mailing address MAY BE A POST OFFICE BOX)		
		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enton El.	prida street address
	Enter Fit	ગ લામ હા દરદા વાવાલ ૯૩૬
	City	, Florida Zip Code
	City	Lip Coue

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 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 Address** Type of Action Name Christopher Cittenden 417 Texas Avenue West Palm Beach, FL 33406 [Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	June 14, 2013.
	Signature of a member or authorized representative of a member
	Courtney Davis - Crittunder Typed or printed name of signee
	Typed of printed tianic of signed

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE