

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : DAVID TORCHIN, C.P.A., P.A.  
Account Number : I19990000007  
Phone : (954) 323-6300  
Fax Number : (954) 323-6301

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AG LAWN & TREE SERVICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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EXAMINER

APR 12

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4/7/2016 10:19:54 AM PAGE 1/001 Fax Server



April 7, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AG LAWN & TREE SERVICE LLC  
PO BOX 529  
LAKE WORTH, FL 33460US

SUBJECT: AG LAWN & TREE SERVICE LLC  
REF: L13000077861

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

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To: Yasmin

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# Fax Confirmation

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7475	4/ 8/2016	11:32:00AM	Send	18506176383	2:35	5	OK

850-817-8381

4/7/2016 10:18:56 AM PAGE 1/001 Fax Server



April 7, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AG LAMM & TREE SERVICE LLC  
PO BOX 129  
LAKE WORTH, FL 33460US

SUBJECT: AG LAMM & TREE SERVICE LLC  
REF: 113060077861

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and resubmit the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Please return your document, along with a copy of this letter, within 60 days as your filing will be considered abandoned.

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Yasmin Y Walker  
Regulatory Specialist II

FAX Aud. #: H16008085691  
Letter Number: 116000077107

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Doreen

Yasmin  
850-245  
6914

H16 0000 85691 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2016 APR -8 PM 12:13  
TALLAHASSEE, FLORIDA

AG Lawn & Tree Service, 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 05/29/2013 and assigned  
Florida document number L13000077861

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

AG Lawn Professionals, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City, Florida 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

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Notes:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated**

41616

X Chris Cuthbert  
Signature of a

Signature of a member or authorized representative of a member

**Courtney L Davis-Crittenden**

Typed or printed name of signee

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