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(Red	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	ə#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE FI COLO

T. Buren FEB. L.Z. 2014



COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Fer	gy's LAWN (Lare, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Davi	Name of Person	
		Firm/Company Po Box 95	
	·	larks ville, FL, 32	430
		City/State and Zip Code so Nelm ccares. org to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	•	
DAVID A.	Ferguso &	at (850) 8/9 — Area Code Daytime	6014 Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Compar (A Florida Limited L	ARE, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our r iability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June	4,2013 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
Ferguson Construction Ser The new name must be distinguishable and end with the words "Limited Liabi	vice. , LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		A S T	
		ANS -	
Enter new mailing address, if applicable:		SER	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		LORIO	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		——————————————————————————————————————	
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>	Addition to the second	
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** Title <u>Name</u> □ Add _□ Remove _ 🗆 Add _□ Remove RECKETAR OF STATE

TALLAHASSEE. FLORIDA □ Add _□ Remove ____ 🗆 Add _□ Remove _□ Add

☐ Remove

Ð.*If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.,) —		
		<u> </u>		
(The ef the da	ctive date, if other than the date of filing:			
	Signature of a member or authorized representative of a member DAUID A. Ferguso N Typed or printed name of signee	AL	- - ₁ 2	
		CRETARY	FEB 10	THE STATE OF THE S
		OF STATE	PH 4: 27	T O

Page 3 of 3

Filing Fee: \$25.00