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OCT 222014 J. BRUCE

## **COVER LETTER**

Division of Co	rporations				
HOMET SUBJECT:	OWN PRO LAWN CAF	RE, LLC			
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
	ondence concerning this matter	-			
	DEREK SHANE FU	JRR			
		Name of Person			
	HOMETOWN PRO	LAWN CARE, LLC			
	<del></del>	Firm/Company			
	607 N. RANGELINE	E STREET, ROOM A			
		Address			
	BONIFAY, FL 3242	5		201	
	<del></del>	City/State and Zip Code		2014 OCT	
19*	HTPROLAWN@GM			T 20	Sheeps carate
	E-mail address:	to be used for future annual report notifica	ition)	خ≟لن	
For further information of	oncerning this matter, please of	all:		097.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	
DEREK SHANE F	URR	850 768-9789		STATE ORIT	1
. Name o	f Person		elephone Number	<del>- ≒</del> # ∞	
D 1 1: 1 (6 )					
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 (additional copy is enclosed)	Certified C	e of Status &	
			(administration C	opy to environmy	

MAILING ADDRESS:

TO:

でき 中国の事業等の情報の情報を持ちて

する 中国の関係の 女子の はなる そうご

**Registration Section** 

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

HOMETOWN PRO LAWN CARE,		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Co	ompany were filed on JUNE 17, 2013	and assigned
This amendment is submitted to amend the following:	<del>-</del>	
A. If amending name, enter the new name of the limit	ted liability company here:	
SHANE'S HOME AND LAWN SERVICES, LLC		
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	FCC	<u> </u>
12 THE SALE OF THE WAY SEE THE STATE OF THE SALE OF TH	2507	
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 9 9 P
		SSR 20
		F 2
B. If amending the registered agent and/or registe	ered office address on our records, enter	
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Coda

### 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

Page 1 of 3

EFFECTIVE DATE 01/01/15

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 <u>Title</u> Name **Type of Action** Address \_□ Add \_□ Remove □ Add \_□ Remove □ Add ☐ Remove \_□ Add □ Remove ☐ Remove

If amending any other information, enter	change(s) here: (Attach	additional sheets, if i	necessary.)
Effective date, if other than the date of fil. (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department).	date of receipt or filed date and	(0	ptional) ays after
Dated OCTOBER 20  Merek Shr. Signature of	2014		
Signature of DEREK SHANE FURR	a member or authorized repres	sentative of a member	
	Typed or printed name of s	ignee	

The state of the s

Page 3 of 3

Filing Fee: \$25.00

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