

L13000101450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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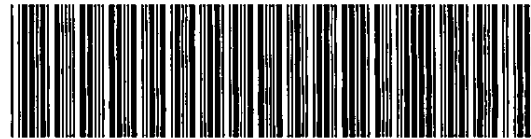
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE LAWN TEAM, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rickey L. Farrell, Esq.

\_\_\_\_\_  
Name of Person

Rickey L. Farrell, Attorney at Law, P.A.

\_\_\_\_\_  
Firm/Company

1597 SE Port St. Lucie Boulevard

\_\_\_\_\_  
Address

Port St. Lucie, FL 34952

\_\_\_\_\_  
City/State and Zip Code

rick.farrell@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany

\_\_\_\_\_  
Name of Person

772 335-5455  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

THE LAWN TEAM, 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 07/17/2013 and assigned  
Florida document number L13000101450.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4909 Silver Oak Drive

Fort Pierce, FL 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4909 Silver Oak Drive

Fort Pierce, FL 34982

**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:

Rickey L. Farrell, Esq.

New Registered Office Address:

1597 SE Port St. Lucie Boulevard

*Enter Florida street address*

Port St. Lucie

*City*

Florida 34952

*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

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>
MGR	Joseph Krott	4909 Silver Oak Drive	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Prisco	5881 NW Leah Drive	<input type="checkbox"/> Add
		Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth Ludlow	1532 SE Berkshire Blvd.	<input type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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TALLAHASSEE, FLORIDA

(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) **Note:** 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.

Dated Nov. 7<sup>th</sup>, 2016

  
Signature of a member or authorized representative of a member

christopher Prisco  
Typed or printed name of signer