L13000114262

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

Division of C	Corporations			
HILL F.	AMILY LAWN CARE LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	RAY E HILL SR			
		Name of Person		
	HILL FAMILY LAWN C	ARE LLC		
		Firm/Company		
37551 FL AVE Address				
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further informatio	n concerning this matter, please co	all:		
RAY E HILL SR		352 551-3971		
Nam	e of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ILING ADDRESS:	STREET/COURING Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILL FAMILY LAWN CARE LLC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L13000114262	08/13/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
HILL FAMILY LAWN & TREE LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office addr <u>ess MUST BE</u> A STREET ADDRESS)	
Enter new mailing address, if applicable:	55
Mailing address MAY BE A POST OFFICE BOX)	77
	24 Z
	ries :
3. If amending the registered agent and/or registered office address	on our records, enter the name of the
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the
	on our records, enter the name of the
egistered agent and/or the new registered office address here:	on our records, enter the name of the
	on our records, enter the name of the

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

Zip Code

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>	Address	Type of Action
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	te, if other than	te, if other than the date of filing	te, if other than the date of filing:	te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior to date of filing or more	te, if other than the date of filing:	te, if other than the date of filing: (optional)

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00