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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Always Triming Tet Specialists Let. 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:
Always Trimming True Specialists Luc. Firm/Company Otala FL 34479 City/State and Zip Code RUCOSSS A Valor Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 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

Always Trimmer (Name of the Limited Line)	Liability Company as it nowappears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ility Company were filed onand assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	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 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>	Address	Type of Action
MGA	hatre looky	2454 NE LBrd St Qala FL 34479	K Add
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	signature of a member of authorized representative of a member			
	Signature of a member of authorized representative of a member			
Dated _	October 5th, 2016			
	90th day after the record is filed.			
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	earlie	r of:
docume	ent's effective date on the Department of State's records.	IIVI	. Se nate	- 4J H
f an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing f the date inserted in this block does not meet the applicable statutory filing requirements, this date) Pursua will not	nt f6 ⁷ 605.	0207 (: d as tl
Mectiv	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	,	1:1	, 1940.
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Filing Fee: \$25.00