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Name Change

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COVER LETTER

TO: Registratio Division of	n Section Corporations			•
subject: <u>La</u>	dybug Lawn Me Name of Lim	ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	David_Hi	QGINS Name of Person		
	Ladybug Law	n Master LLC Firm/Company		
	7725 Brook	meadow PL Address		
	Perisocola	FL 32514 City/State and Zip Code		19 MER
	Lady bug lawn E-mail address: (to be used for future annual report notif	ication)	23 F
For further informati	on concerning this matter, please ca	all:		## 10: 50
David	Higgins me of Person		2 - 1144 e Telephone Number	Sa Tion
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is cr	itus &

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

Ladybug Lawn Master	LLC	
/ (Name of the Limited Liability Com	pany as it now appears on our record I Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	2013 and assigned
Florida document number L13 00014 6558		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Ladybug Landscaping LLC		
Lady bug Landscaping LLC The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
		H AN
Enter new mailing address, if applicable:	, , , , , , , , , , , , , , , , , , , 	27 71.
(Mailing address MAY BE A POST OFFICE BOX)		<u>ာ ကြင်</u>
		# 0 3 S
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our record ere:	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	33
	. F1	orida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[] Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
E. Effective date, if other than the date of filing: (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) 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.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated March 23 . 2019.
Dated March 23 . 2019. Signature of a member or authorized representative of a member
David Higgins Typed or printed name of signee

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Filing Fee: \$25.00