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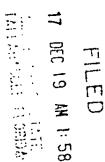
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEC 20 MIN

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Bay Area Gr				
semici.		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	amendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Jason A Burke			
Name of Person					
Bay Area Greenscaping Holdings					
Firm/Company					
	Name of Person Bay Area Greenscaping Holdings				
			Address		
		Tampa, FL 33606			
			City/State and Zip Code		
		-			
		n-maii address: (id	o be used for future annual report notific	ation)	
For further in	nformation co	ncerning this matter, please cal	II:		
Jason A Bur			813 220-0412 at ()		
	Name of	Person	Area Code Daytime T	Felephone Number	
Enclosed is	a check for the	e following amount:			
■ \$25,00 F	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)	

MAILING ADDRESS:

TO: 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

Bay Area Greenscaping Holdings, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 01/07/14	and assigned
lorida document number L14000002843		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
IcKinley Ventures, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		A 200 7
) H
		19 L
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
THRITTE WELLT STATE DE 11 TO DE 1 TICE DOTY	- 1	\$ o
		<u> </u>
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her		, enter the name of the
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			☐ Change
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ctive date, if other than the date of file effective date is listed, the date must be specific	ing:	rior to date of fi	ling or more than 90	(optional)	nought to 605
If the date inserted in this block does no	ot meet the app	olicable statut	ory filing requiren	nents, this date will	not be liste
ment's effective date on the Department of	of State's reco	rds.			
ecord specifies a delayed effectivence of the secord is file the record is file		not an effe	ctive time, at	12:01 a.m. on	the earlie
December 11	2017				
		4			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00