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COVER LETTER

Division of Corpo	rations :			
SUBJECT: N&E		Landscape, L ited Liability Company	LC	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Neil Wa	lker		
		Name of Person		
		Firm/Company		
	6804	75th Ave E	1971 P-1-1-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	
	Palmetto	, Fl 34221	2815	
-	Lawns)	City/State and Zip Code Oday @ aol. co to be used for future annual report notific	APR 20	Paris.
For further information conc	`	•	(7)	m
· 1	1 1	ш.	THE PERSON STATES	C
Neil Wa	ilker	at(<u>941)</u> 405-	7459	
Name of Pe	rson	Area Code Daytime	Telephone Number	
Enclosed is a check for the f	ollowing 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))

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

TO ARTICLES OF ORGANIZATION OF

NSE Lawn and Lund scape, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

IN JUNE

The Articles of Organization for this Limited Liability Company	ny were filed on FEDIUALY 1012 and assigned	
Florida document number <u>L14000027491</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Lawns Today, Li	LC	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:	Neil Walker	
(Principal office address MUST BE A STREET ADDRESS)	6804 75th Ave E	•
	Palmetto, F1 34221	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		•
1,112 DD 1,112 DD 1,12	20 AP 20	•
	\$3.7 20	•
B. If amending the registered agent and/or registered of		<u>iew</u>
registered agent and/or the new registered office address her	ere:	
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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member . **Type of Action** <u>Name</u> <u>Title</u> **Address** _□ Add _□ Remove □ Add _____ Remove _□ Add _____ Remove _□ Remove _D Add ☐ Remove

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effective data	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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effective da	the must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State) APRIL 15, 2015. Mul Walber

Page 3 of 3

Filing Fee: \$25.00

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