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COVER LETTER

Division of Corpo				
	AMIREZ LAWN CARE	LLC		
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing		
	lence concerning this matter t			
Trease return an correspond	terior concerning this matter t	o the following.		
	JORGE RAMIREZ			
		Name of Person		
	JORGE RAMIREZ L	AWN CARE LLC		
		Firm/Company		
	2795 43RD AVE NE			
		Address		
	NAPLES FL 34120			章。 2
		City/State and Zip Code		NON HIGH
	alphaapsinc@gmail.c	com o be used for future annual report	notification)	PASSA - A
For further information con	ncerning this matter, please ca			7 PA
JORGE RAMIREZ		239		3: 5
Name of F	Person		ytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

JORGE RAMIREZ LAWN CARE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/05/14 _____ and assigned Florida document number L14000037161 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

, Florida

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager .

AMBR = Authorized Member						
<u>Title</u>	<u>Na'me</u>	Address	Type of Action			
MGR	REBECA GARCIA RAMIREZ	2795 43RD AVE NE	E Add			
		NAPLES FL 34120	Remove			
			☐ Remove			
			Remode			
			NOV -7			
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			Remove			
						
			□ Add			
			Remove			

If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary,)
. ' •		
	•	
<u></u>		
Effective date, if other than (The effective date must be specific the date this document is filed by	n the date of filing:	
Dated	2014	
Dated		
1	Milmin .	
	Signature of a member or authorized representative of a member	
	JORGE RAMIREZ	
	Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STAIL
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