

| (Re | equestor's Name) | | | | | | |
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| PICK-UP | WAIT | MAIL | | | | | |
| (Bi | usiness Entity Nan | ne) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | |
| Special Instructions to | Filing Officer: | | | | | | |
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SECRETARY OF STAIL
ALLAHASSEE, FLORIDA

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COVER LETTER

| Division of Cor | porations | | | | | | | |
|---|---------------------------------------|--|--|--|--|--|--|--|
| SUBJECT: Ocala | Cleaning 3 care | Lawn Serv | ices,LLC | | | | | |
| | Name of Lim | ited Liability Company | | | | | | |
| | | | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | | | | |
| | | | | | | | | |
| | Christop | Ner Garay Name of Person | | | | | | |
| | • | Name of Person | | | | | | |
| | Ocala C | leaning à Lawn ! | Services, LEC | | | | | |
| | | Firm/Company | | | | | | |
| | フフフフ | SE 41st CT | | | | | | |
| | • • • • • • • • • • • • • • • • • • • | Address | | | | | | |
| | | 0 1 54 54400 | | | | | | |
| | | Citylette and Zin Code |) | | | | | |
| City/State and Zip Code O(a /a C/ean ing Off of future armual report notification) F-mail address: (to be used for future armual report notification) | | | | | | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | | | | |
| For further information co | oncerning this matter, please ca | all: | , | | | | | |
| Christop | her Garay | at (352) 23 Area Code Daytimo | 9-2100 | | | | | |
| Name of | Person | Area Code Daytimo | e Telephone Number | | | | | |
| | | | | | | | | |
| Enclosed is a check for th | e following amount: | | | | | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & | □ \$55.00 Filing Fee & | □ \$60.00 Filing Fee, | | | | | |
| · | Certificate of Status | Certified Copy (additional copy is enclosed) | 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

| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) iability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number 4/40000 37733 | were filed on 4/4/16 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| DCS Orala Central Services, L The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7777 SE 41st CT Ocals FL 34480 |
| (Principal office address MUST BE A STREET ADDRESS) | Ocala FC 34480 |
| Enter new mailing address, if applicable: | 7777 SE 41st CT O(5/4 FC 34480 |
| (Mailing address MAY BE A POST OFFICE BOX) | Ocala FC 34480 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: | * |
| New Registered Office Address: | Enter Florida street address |
| | Florida 🚆 🔭 |
| New Registered Agent's Signature, if changing Registered Agent: | City Ciptode T |
| | → |

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, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|-----------------|--------------------------|
| AMBR | Elia E. Santiago | 7777 SE 415+ CT | B Add |
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Filing Fee: \$25.00