## L14000098618

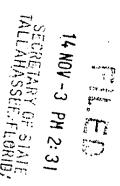
(Re	questor's Name)	
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## **COVER LETTER**

то:		ration Secti on of Corpo				
CUDIE	K	urt Vreela	nd lawn maintenance, t	tree trimming, handyi	man services "	'L.L.C."
SUBJE	CI: _		Name of Lim	ited Liability Company		
The enc	losed A	rticles of An	nendment and fee(s) are sub	mitted for filing.		
Please r	eturn al	correspond	ence concerning this matter	to the following:		
			Kurt Vreelar	nd`		
				Name of Person		
			Kurt Vreeland,Lawn mail	ntenance,Lawn mainten	nance, handyma	n "L.L.C."
				Firm/Company		<del></del>
			18168 se. 17	7th. ST.		
				Address	· · · · · · · · · · · · · · · · · · ·	
			Silver Spring		34488	
				City/State and Zip Code		
		-	vreelandkurt@ya	NOO.COM  to be used for future annual i	report notification)	
For furtl	ner info	mation cond	cerning this matter, please ca			
Kur	t Vr	eelan	d	352 <sub>,</sub> 55	98-8125	•
<del></del>		Name of Pe	erson	Area Code	Daytime Telepho	
Enclose	d is a ch	eck for the f	ollowing amount:			
\$25.	00 Filin	g Fee	\$30.00 Filing Fee &    Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

## KURT VREELAND LAWN MAINTENANCE, TREE TRIMMING, HANDYMAN SERVICES"L.L.C",

(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 Florida document number <u>L14000098618</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Kurt Vreeland Lawn Maintenance, Tree Trim	nming,Handyman,Taxi "L.L.C."	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
R If amending the registered agent and/or regis	istered office address on our records, enter	the name of the new
registered agent and/or the new registered office add	dress here:	the name of the new
	dress here:	Ass
registered agent and/or the new registered office ad-		TAILCRE
Name of New Registered Agent:	Enter Florida street address	TALLAHASSE
Name of New Registered Agent:		TALCAHASS
Name of New Registered Agent:	Enter Florida street address , Florida City	TAILLAHASSE OF SILVEN

If Changing Registered Agent, Signature of New Registered Agent

If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated October 29th 2014	
KAUI	
Signature of a member or authorized repres	entative of a member
Kurt Vreeland	
Typed or printed name of s	ignee

Page 3 of 3

Filing Fee: \$25.00

