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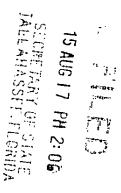
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COVER LETTER

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D.	```	Landscaping & Maintenance	LLC	
SUBJECT	:	~- <u></u>	nited Liability Company	
		š		
The enclose	d Articles of	(Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	endence concerning this matter	to the following:	
		Stephanie E. Mims		
		•	Name of Person	
		Scotty Boy Landscaping &	k Maintenance LLC	
			Firm/Company	
		1303 Dexter Drive W		
		Ÿ	Address	
		Port Orange, FL 32129		
			City/State and Zip Code	
		scottyboylandscaping@gm	ail.com to be used for future annual report notification	on)
For further	information c	oncerning this matter, please c	•	<i></i>
Stephanie I			386 871-0613	
	Name o	f Person	Area Code Daytime Tele	ephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & . Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	мап	INC ADDDESS,	CTDEET/COUDIED	ADDREGG.

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

Scotty Boy Landscaping & Maintenance 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 $\frac{3/24/15}{1}$ and assigned Florida document number L14000113458 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Timothy S. Mims	1303 Dexter Dr. W	Add
	•	Port Orange, FL 32129	Remove
			■ Change
AMBR	Timothy S. Mims	1303 Dexter Dr. W	= Add
		Port Orange, FL 32129	Remove
			Change
AP	Stephanie E. Mims	1303 Dexter Dr. W	🗆 Add
	Some of the second	Port Ornage, FL 32129	Remove
	'نسر		Change
MGRM	Stephanie E. Mims	1303 Dexter Dr. W	■ Add
		Port Orange, FL 32129	□ Řemove
			Change
			□ Add
			Remove
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effective date is listed, the date must be : If the date inserted in this block	specific and cannot be prior to da does not meet the applicable	te of filing or more than 90 days	after filing.) Pursuant to	605.0207 (
ment's effective date on the Depar	rtment of State's records.	``	, and due will not be	iisted as t
ecord specifies a delayed ef	fective date, but not an	effective time, at 12:0	01 a.m. on the ea	ırlier of:
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July 28 th	2015	~1		
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Filing Fee: \$25.00