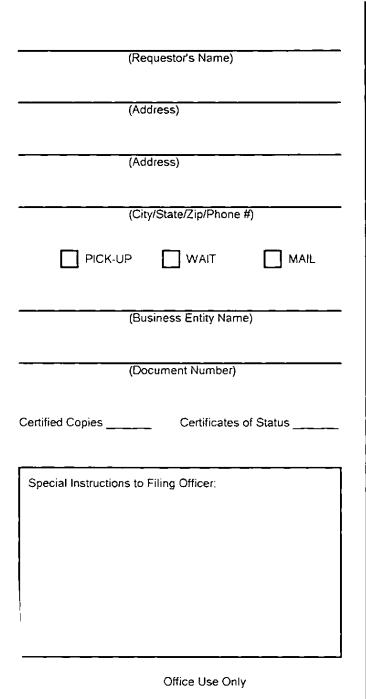
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PIERCE LANDSCAPING Name of Limit	, LLC
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
William E. Pierce	
Name of Person	
Bill Pierce Landscaping, LLC Firm/Company	
1385 NW PINE CILK Ne Address	
AYCADIA, FL 34266 City/State and Zip Code	
E-mail address: (to be used for future amual repor	t notification)
For further information concerning this matter, please ca	all:
William E. Pierce at (2) Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	; / ·
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pierce LANDSCAPING, LL	C
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>-14000185596</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Bill fierce Landsching, LLC The new name must be distinguishable and contain the words "Limited Liabil	,
Enter new principal offices address, if applicable:	1385 NW PINE Creek AVE
(Principal office address MUST BE A STREET ADDRESS)	ACCADIA, FL 34266
registered agent and/or the new registered office address here	_
	E. Pierce
New Registered Office Address: 1385 N	W PINE CILL AVE Enter Florida street address
AV CA DIA	, Florida 34266
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I'am familiar with and provided for in Chapter 605, F.S. Or, if this domine is address, I hereby confirm that the limited liability of Confirm that the li

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>	<u>Name</u>	Address	Type of Action
4 MBR	Cody M. Pierce	1385 NW PINECIPEK NE	
		NCADIA FL 34266	Remove
			Change
amba	William E. Pierce	1385 NW PINE CRUK AVE.	Add
		AVLADIA, FL 34266	Remove
			☐ Change
		<u> </u>	Add
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			ded to reflect '	'Bill Pierce Landso	caping, LLC"
	M. Pierce as AN			1	
	Pierce as AMBR				
		•	pal office addre	ess and mailing a	ddress is
1382 MM LIU6	Creek Ave., Arc	:adia, FL 34266			
				1	
					
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ctive data if oth	er than the date o	of filing:		(optio	, holl
effective date is listed	l, the date must be spec	cific and cannot be price	or to date of filing or icable statutory fili	more than 90 days after	filing.) Pursuant to 605.020 date will not be listed a
		ent of State's record			1
ecord specifies	a delayed effec	ctive date, but n	ot an effective	time, at 12:01 a	.m. on the earlier of
ne 90th day aft	er the record is	filed.			
d 12/03	<u> </u>	201	<u>1</u> .		
11).11.	2 lilne	/			-
<u>www</u>	Signatu	are of a member or aut	horized representativ	ve of a member	B JAN
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Willi	nm e.y				, , , ,
Willi Willi	AM E. P	Typed or pri	nted name of signee		PH 4: 5: