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## **COVER LETTER**

то:	Registration Section Division of Corpo			
SUBJE	ст: <u>О<sup>1</sup>Наго</u>	k Scott Be Name of Limi	esidential Laun Ser ted Liability Company	vice LLC.
The end	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		JASON O.	Scott SR. Name of Person	
		O'Kara Ey Scort	Residential Lown Sevi Firm/Company	ve LL.C.
		2428 SW 14749	Address	
		Ocala Florid	City/State and Zip Code	
		Gracottie 118 E-mail address: (	Somail com to be used for future annual report notifica	ation)
For fur	ther information con	ncerning this matter, please ca	all:	
	Name of	Scott SR Person	at (1914) 478 - 9 Area Code Daytime T	Soo Telephone Number
Enclos	ed is a check for the	e following amount:		
<b>□</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

O'Hara & Sott Residential Lown Bervice L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

,74 F07(da 12)	nnew Datomy Company)	lander			
The Articles of Organization for this Limited Liability Com	ipany were filed on 12	123/14	and	assign	ed
Florida document number <u>£ 14000/9 46299</u> .					
This amendment is submitted to amend the follow ing:			•		
A. If amending name, enter the new name of the limited	l liability company her	<u>e</u> ;			
GERSONTE LOUIS FAFERERMENT	LLC				
Grescott Lawn Enforcement The new name must be distinguishable and contain the words. Limited	Liability Company," the des	ignation "LLC" or the at	breviation	"L.L.C.	**
Enter new principal offices address, if applicable:			<u>;</u>	ns ns	
(Principal office address MUST BE A STREET ADI DRES	(22)		<del></del> ,	-rg	:. : <sup>*</sup> .
Trincipal Office dualess most be a Street and the	<u> </u>		1 ,	ign	mp at a
			<u> </u>	<u> </u>	ï.
T			(*t+	# 3 # 1 # 2 #	
Enter new mailing address, if applicable:	<del></del>			<u>::-</u>	
(Muiling address MAY BE A POST OFFICE BOX)				<del></del>	
Name of New Registered Agent:	<u>s her e:</u>				
Name of New Registered Agent.	<del></del>	·	<del></del>	<del></del>	<del></del>
New Registered Office Address:	Finter Flori	da etraat addrase			
	Enter Florida street address				
	$C_{ib}$	, Florida _	ecords, enter the name of the new  address , Florida		
New Registered Agent's Signature, if changing Registered A	•		Lipe	,uc	
				_	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agentheing filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performa <sub>nce of t</sub> nt as provided f <sub>'or</sub> in C	ny duties, and I am hapter 605, F.S. Or	familiar , if this a	with a locum	and ent is
	If Changing Registered / w	ent Signature of New D	lagistarad	Agent	<del></del>
	Same Bride Landau and C	end suchains of them I	CENTELEO.	IZCHI	

Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added wed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
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			☐ Change
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fan effective date is liste  Note: If the date inset  document's effective of  ne record specifies	er than the date of filing:  d. the date must be specific and can ted in this block does not meet late on the Department of State  s a delayed effective date ter the record is filed.	the applicable statutory filings's records.	g requirements, this date	g.) Pursuant to 605.0 e will not be listed	l as
The John day ar	er the record is med.				
Dated		·			
	- 380			]	
<del></del>	Signature of a men	nber or authorized representative	of a member	2: 0	(F)
	Jason	O. Scott S	R		5
<del></del>	Jason	ped or printed name of signee	St.		5

Filing Fee: \$25.00