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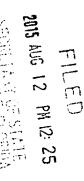
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TO: Registration Section Division of Corporations	e de la companya de
SUBJECT: LAWN Medic LANd Name of Limited L	of Amendment and fee(s) are submitted for filing. Spondence concerning this matter to the following: Avid April Name of Person
The enclosed Articles of Amendment and fee(s) are submitte	d for filing
\wedge	,
Diversifie	d Acci 19 TAX Firm/Company
4933 S. C	Vestshore Blod Address
JAMPA FC	ty/State and Zip Code
	used for finding annual report notification)
For further information concerning this matter, please call:	
DAvid NAil Name of Person	_at (<u>8/3</u>) <u>658. 3650</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section

2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

LAWN Mcdic (Name of the Limited I.	iability Company as	t now appears oh ou y Company)	trecords.	ation	LLC
The Articles of Organization for this Limited Liabil Florida document number	lity Company were				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability (ompany here:			
The new name must be distinguishable and contain the words	·	mpany," the designat	ion "LLC" or the abbr	eviation "L.L.C	2015
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A					富工
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>			24 150 150 247 257	2 PH 12: 25
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:	4		ne name of	the new
Name of New Registered Agent:		I A. NA	^		
New Registered Office Address:	4933 S	Enter Florida stre	show I	(12	
-	TAMPA	ZHy	, Florida	33611 Zip Code	
New Registered Agent's Signature if changing Regi	istered 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 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 = A	uthorized Member		
Title ·	Name	Address	Type of Action
MBR	ALFRED Kowal	711 whithall st Prant city FL 711 whitchall st Plant city FC 33563	Add
		711 whitchall st, Plantin	Remove
		FC 33563	Change
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fan effective dat <u>Note:</u> If the da	e, if other than the date of te is listed, the date must be spe ate inserted in this block doe fective date on the Departme	ecific and cannot be press of meet the app	ior to date of filing of Hicable statutory fi		filing.) Pursuant to 605.0	
The 90th c	pecifies a delayed effect day after the record is	filed.				r of:
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Page 3 of 3

Filing Fee: \$25.00