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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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C. CARROTHERS

COVER LETTER

	tration Secti on of Corpo				
F SUBJECT:	rime Plus	Lawn Care & Service	es LLC		
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	rticles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		Tyrone D. Williams			
			Name of Person		-
		Prime Plus Lawn Ca	re & Services		
			Firm/Company		_
		10741 Banfield Drive	е		
			Address		_
		Riverview, FL 33579)		
			City/State and Zip Code		_
	-	primepluslawnandser E-mail address: (1	vices@gmail.com to be used for future annual re	eport notification)	
For further info	rmation cond	eerning this matter, please ca		,	
Tyrone D. \	Villiams		813 732	2-0426	
	Name of Pe	erson	Area Code	Daytime Telephone Numbe	r
Enclosed is a cl	neck for the f	ollowing amount:			
■ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ate of Status &

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

500 **28**

Prime Plus Lawn Care & Services	LLC	IS APR
	ty Company as it now appears on our records.) Limited Liability Company)	-7 -7 ARY ASSI
The Articles of Organization for this Limited Liability C Florida document number <u>L15000016212</u>	Company were filed on January 27, 2015	Pad 2: 17
This amendment is submitted to amend the following:		-
A. If amending name, enter the new name of the limi	ited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Zip Code
	City	гір Соае

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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marcus J. Boderick	77 Cayuga Road	■ Add
		Bordentown, NJ 08505	☐ Remove
			□ Remove
			□ Add
	•		□ Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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date this document is filed by the Florida Depart 3 March	o date of receipt or filed date and cannot be more than 90 c ment of State)	optional) days after
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Page 3 of 3

Filing Fee: \$25.00