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## COVER LETTER,

TO: Registration Section Division of Corporations	
SUBJECT: Kings Lawn SQYN'Q Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mathaw King Name of Person	<del></del>
<u>Kings Lawn Serv</u>	الاه لدو
2340 Hawley Cov	e Dr
Jacksmyille, Fl City/State and Zip Code	30005
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Mathew King at (904)  Name of Person at (904)  Area Code	370-5989 Daytime Telephone Number
Enclosed is a check for the following amount:	
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	Г/COURIER ADDRESS: 🔠 🚊 💆
	ion Section $2^{1/2}$ $2^{1/2}$ of Corporations $2^{1/2}$ $2^{1/2}$
P.O. Box 6327 Clifton B Tallahassee, FL 32314 2661 Exe	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 10815 and assigned Florida document number 1500010590.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Southern Turf Lings LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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 negistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
New Registered Office Address:  Enter Florida street address
Enter Florida street address , Florida

If Changing Registered Agent, Signature of New Registered Agent

or removed f	rom our records:		
MGR = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	mathowking	2340 Hawley Cove Dr	
		Jacksonville, FL 32225	☐ Remove
			Change
MGR.	David Gaines	Jackson ville, Fl 322111.	🗆 Add
		Jacksonville, Fl 322111.	□ Remove
			Change
			Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

\_□ Change

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Effective date, if other than	n the date of filing:		(optic	onal)
f an effective date is listed, the dat	te must be specific and cannot b		or more than 90 days after	filing.) Pursuant to 605.020
Note: If the date inserted in the document's effective date on the			ining requirements, this	Sec
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The 90th day after the	Jr.	11<		
The 90th day after the	, <u>20</u>	<u>)15</u> .		SEAL SEAL
The 90th day after the	Martin	Mis.		FORATION N. 2: 05 N. SIME FLORIDA
The 90th day after the	Marsha Signature of a member of	or authorized representa	ative of a member	2: 05   SIATE ORIDA

Page 3 of 3

Filing Fee: \$25.00