15000033450

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SECRETARY OF STATE

APROTIONS

COVER LETTER

Division of Cor	1 2 4		
SUBJECT: BENJAMII	N SIMON LAWN & TREE SE	RVICE, LLC • ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BENJAMIN SIMON		•
		Name of Person	
		Address	-
	BONITA SPRINGS, FLO	RIDA 34135	
	benjaminsimonlawnservice	-	
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	% 38 28
BENJAMIN SIMON		239 601-7409 at ()	ALL AR PR
Name o	of Person	Area Code Daytime	SSEE
Enclosed is a check for t	he following amount:		E SH C
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Securificate of Status & 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

BENJAMIN SIMON LAWN & TREE SERVICE, LL						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on 02/20/2015 Florida document number L15000032450						
This amendment is submitted to amend the following:						
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:					
BENJAMIN SIMON LAWN SERVICE, LLC						
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	26657 PRINCE JOHNS WAY					
Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINGS, FLORIDA 3413	5				
Enter new mailing address, if applicable:	N/A					
Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address	12: 06 13: 06				
	, Florida					
	City	Zip Code				

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

EFFECTIVE DATE 04/08/14

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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