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COVER LETTER

	egistration Se ivision of Cor				
CUDIECT		wn Care, LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Taylor Redding			
Name of Person					
		Redding Lawn Care			
			Firm/Company		
		25002 NW 110th Avenue			
			Address	. 	
		High Springs, FL 32643			
			City/State and Zip Code		
		bluelinelawncareinc@gmai			>E E E E
		E-mail address: (to be used for future annual report notif	ication)	
For further	information co	oncerning this matter, please ca	all:		- SSA = F
Taylor Red			352 258-0469 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	D: 51
Enclosed is	s a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

Redding Lawn Care, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records mited Liability Company)	<u></u>
he Articles of Organization for this Limited Liability Con	npany were filed on 03/02/2015	and assigned
lorida document number L15000038244		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u>	
		2H 5
		当堂コ
nter new mailing address, if applicable:		15 L
Aailing address MAY BE A POST OFFICE BOX)		
Tuning undress MITT 192 II 1 OST OTTION DOTT		52 5
		<u>34 22</u>
d. If amending the registered agent and/or register egistered agent and/or the new registered office address		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida
	•	•

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joshua Pettit	280 Bishop Drive	■ Add
		Gainesville, FL 32607	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			SE Remove JUN Add: 52 Remove Add: 52 Remove Remove
			Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

f amending any other informat	ion, enter change(s) here: (Attach additional sheets, if	necessary.)
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days ack does not meet the applicable statutory filing requirements	optional) after filing.) Pursuant to 605,020 s, this date will not be listed a
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12: ord is filed.	01 a.m. on the earlier o
May 8th	2015	TALLANDIN
_layl Ill	Signature of a member or authorized representative of a member	SSEE TE
Taylor Redding		FLOSIA D PR D
	Typed or printed name of signee	

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Filing Fee: \$25.00