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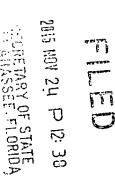
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		ne Landscaping LLC		
		Name of Limi	ted Liability Company	····
The anclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing	
			_	
Please return	all correspon	dence concerning this matter t	to the following:	
		Andrew M OKeefe		
			Name of Person	
Thin Blue Line Landscaping LLC				
Firm/Company				
13435 S McCall Rd Suite 317				
			Address	
		Port Charlotte FL 33981		
			City/State and Zip Code	·
		xitol@aol.com		
		E-mail address: (t	o be used for future annual report notifica	ation)
For further in	aformation co	ncerning this matter, please ca	II:	
Andrew M C	OKeefe		941 270-2614 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thin Blue Line Landscaping LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on or ed Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Compared Included Liability Compared Liability Comp	ny were filed on March 17	7, 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Thin Blue Line Lawn Service LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "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 registered agent and/or the new registered office address h		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	
hereby accept the appointment as registered agent and a	owen to not in this comes	its. I further games to someth with

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			☐ Remove
		***************************************	Change
			Add
			□ Remove
			☐ Change
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	specific and cannot be prior to date of i	iling or more than 90 days a	after filing.) Pu	
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Filing Fee: \$25.00