L1500049320

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	egistration Se ivision of Cor				
CHRIECT	Swetty's	Irrigation and Landsca	ping, LLC		
SUBJECT	.:	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspo	endence concerning this matter	to the following:		
		Joseph Swett			
			Name of Person		
			Firm/Company		
		593 8th St			
		Palm Harbor, FL 34	Address 683		
		JoeQSwett@gmail.c	City/State and Zip Code	ation)	See Co.
For further	· information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	ation) Secretary	trans.
Joseph	Swett		850 217-8861	PK I2: GF 5.72 FLGW	
	Name o	f Person		Telephone Number 577 2	* Bright 4
Enclosed i	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)	\$60.00 Filing Fee, 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

Sweeties Irrigation and Landscaping, LLC

(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 Co	ompany were filed on March 18, 2015	a	nd as	signed
Florida document number L15000049320	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
Swett's Irrigation, LLC				
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or	the abbrevia	ition "	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
		2-12	2] <u>6</u> 2	
			T. S.	eccusion.
Enter new mailing address, if applicable:		<u> </u>	23	IT TO SERVICE STATE OF THE SER
(Mailing address MAY BE A POST OFFICE BOX)		मिट्टो	70	TY
		59	2 7	Enaire)
B. If amending the registered agent and/or regist	ered office address on our records en	ter the n	> > > = = = = = = = = = = = = = = = = =	of the ne
registered agent and/or the new registered office addr		ter the h	diff	or the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida	a		
	City	Zip	Code	
No Portago La Granda de Portago La Portago La Companya de La Compa				

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		Remove
			Remove
			☐ Add
			25 23 F
			Add Remove
			Remove
			Remove

If amending any other information, enter change(s) here: (Al	tiach additional sheets, if n ecessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed dat the date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after
Dated March 20, 2015	
Signature of a member or authorized	representative of a member
Joseph Swett	
Typed or printed nam	ie of signee

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Filing Fee: \$25.00

2015 MAR 23 PM I2: 22
SECRETARY OF STATE
SECRETARISSES STORMA