## #<u>L/5000056/37</u>

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e#)         |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |





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04/17/15--01011--007 \*\*25.00



K.SALY EXAMINER APR 2 9 2015

## **COVER LETTER**

| TO:          | Registration Sec<br>Division of Corp |  |   |   |
|--------------|--------------------------------------|--|---|---|
| 438 ) 83 8 8 | Yard Serv                            | vices LLC                                    |   |   |
| SUBJE        | SCI:                                 | Name of Lim                                  | ited Liability Company  |   |
| The en       | closed Articles of A                 | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please       | return all correspor                 | ndence concerning this matter                | to the following:   |   |
|              |                                      | Cody Swenbeck                                |   |   |
|              |                                      |  | Name of Person  |   |
|              |                                      |  | Firm/Company  |   |
|              |                                      | 1344 Sexton Dr                               |   |   |
|              |                                      |  | Address   |   |
|              |                                      | Baker, Fl. 32531                             |   |   |
|              | 7 , 1                                |  | City/State and Zip Code   |   |
|              |                                      | totalyardsolutionsllc@                       | <del>-</del>  |   |
|              |                                      | E-mail address. (                            | to be used for future annual report notifi                          | cation)   |
| For fur      | ther information co                  | oncerning this matter, please ca             | all:  |   |
| Cody         | Swenbeck                             |  | 850 8262161   |   |
|              | Name of                              | Person                                       | Area Code Daytime   | Telephone Number  |
| Enclos       | ed is a check for th                 | e following amount                           |   |   |
| <b>\$</b> 2  | 5.00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

PILED

2015 APR 17 PM 5:01

TALLAHASSEE, FLORID;

Yard Services IIc

(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 Liab       | ility Company were filed on march 30,            | and assigned                      |
|--|--|-----------------------------------|
| Florida document number L15000056137                     | <del>.</del>                                     |                                   |
| This amendment is submitted to amend the follow          | ing:   |                                   |
| A. If amending name, enter the new name of the           | he limited liability company here:               |                                   |
| Total Yard Solutions LLC                                 |  |                                   |
| The new name must be distinguishable and end with the wo | rds "Limited Liability Company," the designation | "LLC" or the abbreviation "L,L,C" |
| Enter new principal offices address, if applicab         | le:  |                                   |
| (Principal office address MUST BE A STREET.              |  |                                   |
|  |  |                                   |
|  |  |                                   |
| Enter new mailing address, if applicable:                |  |                                   |
| (Mailing address MAY BE A POST OFFICE BO                 |  |                                   |
| many martin Mill BE III OSI OI FIEL DE                   |  |                                   |
|  |  |                                   |
| B. If amending the registered agent and/or               | registered office address on our reco            | ords, enter the name of the new   |
| registered agent and/or the new registered offic         | C.7  |                                   |
|  |  |                                   |
| Name of New Registered Agent:                            |  |                                   |
| New Designand Office Address                             |  |                                   |
| New Registered Office Address:                           | Enter Florida street ad                          | dress                             |
|  |  | 121 * 1                           |
|  | City   | , Florida<br>Zip Code             |
| N. D. L. J. J. G J. D                                    |  | ·                                 |

## 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

| MGR = N<br>AMBR = N | Manager<br>Authorized Member | 28/5 APR                   | ILED          |
|---------------------|------------------------------|----------------------------|---------------|
| <u>Title</u>        | <u>Name</u>                  | Address SEUREIAN IALLAHASA | PARTS ATE Add |
|                     |                              |                            | EE, FLORIE    |
|                     |                              |                            | ☐ Remove      |
|                     |                              |                            |               |
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|  | te of filing:  e prior to date of receipt or filed date and cannot a Department of State) | (optional) of be more than 90 days after |
| the date this document is filed by the Florida                 |   | (optional) of be more than 90 days after |
| the date this document is filed by the Florida  Dated April 13 | a Department of State)  2015  |  |
| the date this document is filed by the Florida Dated April 13  | a Department of State)  |  |

Page 3 of 3

Filing Fee: \$25.00