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2015 AUG 28 P 1: 55
SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

Division of Cor	porations						
SUBJECT:	CARTER	& CARROLL LAWNCARE AND	MORE, LLC				
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	DONALD BRACKINS						
		_					
	Firm/Company						
	40 SOUTH 5TH ST						
		Address		_			
	DEFUNIAK SPRINGS, F	L. 32435					
		City/State and Zip Code					
	PAYROLL@PAYGOUSA				mage.		
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)	2015 AUG 28 SECRETARY ALLAHASSE			
DONALD BRACKINS		850 659-9588 at ()		FOF S			
Name of	f Person		Telephone Number	I: 55 STATE ORIDA			
Enclosed is a check for th	e following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &			

MAILING ADDRESS:

TO:

Registration Section

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

CARTER & CARROLL LAWN		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records oility Company)	<u>F)</u>
The Articles of Organization for this Limited Liability Company we Florida document number L15000085272	ere filed on 5/14/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit RC CARTER CARPENTRY & TRIM, LLC	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "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 office sistered agent and/or the new registered office address here:		s, enter the name of the
Name of New Registered Agent: New Registered Office Address:		2015 AUG SECRET TALLAHA
New Registered Office Address.	Enter Florida street address	orida T
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, an	rther agree to comply with nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	LANCE CARROLL	342 COUNTY HWY 83A EAST	Add
		FREEPORT, FL. 32439	(X 'lemove
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			□ Add
			☐ Remove
			Change
			□ Remove
			Change
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			Remove 2015 Change
			TARY OF STATE ASSEE, FLORIDA
			O Change
		<u></u>	☐ Remove
			□ Change

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MGR	removed. Ju	ust a note	might ass	ist when t	his is beir	g process	ed.				
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d	August 25		<u>~</u> -А	, 2015	,						
		()	Cal	41	_					
	-	Sil	nature of a	member or	authorized i	epresentative	of a member				-

Page 3 of 3

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