L15000167136

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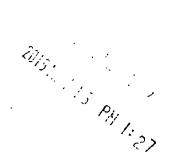
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COVER LETTER

TO:		istration Sec ision of Corp		
SUBJE	CT.	NORTH MANATEE LAWN MAINTENAN		NCE LLC
SUBJE	CI:		Name of Limite	ed Liability Company
The enc	losed	Articles of A	Amendment and fee(s) are subm	itted for filing.
Please r	eturn	all correspor	ndence concerning this matter to	the following:
			DOUG PEARMAN	
				Name of Person
				Firm/Company
			10107 28TH AVENUE EAS	.T
			PALMETTO, FL 34221	Address
			northmanatee	City State and Zip Code Z lawn mainteixixe 2016 Ogmail. Cot be used for future annual report notification)
For furt	her ir	iformation ec	oncerning this matter, please call	ı:
DOUG PEARMAN				941 812-2391 at ()
		Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a	check for the	e following amount:	
\$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			ntion Section n of Corporations x 6327	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



NORTH MANATEE LAWN MAINTENANCE 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 Company were filed on 10/01/2015 and assigned Florida document number _L15000167136 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NORTH MANATEE LAWN MAINTENANCE AND FENCE LLC 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ____ 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> **Address** Type of Action <u>Name</u> _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove _□ Change □ Add _□ Remove □ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s	here: (Attach additional sheets, if necessary.)
	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed as the cords.
If the record specifies a delayed effective date, by (b) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
May 14 or	19
Dated 77 (1) 14 . 20	<u> </u>
0 2 1 0 9	
Signature of a member of	r authorized representative of a member
DOUG PEARMAN	
Typed o	printed name of signee

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Filing Fee: \$25.00