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# **COVER LETTER**

Div	ision of Corpo	orations				
SUBJECT:	Q&D Lawn a	nd Landscaping LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return	all correspond	lence concerning this matter t	to the following:			
		Katelyn Quast				
			Name of Person		<b></b>	
	Firm/Company				- <b>-</b>	
		2275 Launch Ct. #362				
			Address		_	
		West Melbourne, Florida 32	2904			
			City/State and Zip Code		<b>-</b> ,	
•		katelynjquast@gmail.com				
		E-mail address: (t	o be used for future annual repo	rt notification)	4	
For further in	nformation con	cerning this matter, please ca	ili:	, , , , , , , , , , , , , , , , , , ,	<b>2015</b> I	
Katelyn Qua			321 432138 at ()	7	NO THE PARTY NAMED IN COLUMN TO THE PARTY NAM	
	Name of F	erson	Area Code D	aytıme Telephone Nunib		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certifie	filing Fee, cate of Statued Copy	

## MAILING ADDRESS:

Registration Section

TO:

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

Q and C Lawn Service and Landscape LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as if now appears on our recorded Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Compa	ny were filed on October 5, 2015	and assigned
Florida document number L15000172082		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Q&D Lawn and Landscaping LLC		
he new name must be distinguishable and contain the words "Limited Lia	ability 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)	100.1	
Time pur office dutiess most but not the months		
		7A 21
		<b>2015</b>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		NS N
		75 <b>D</b>
3. If amending the registered agent and/or registered	office address on our records	
egistered agent and/or the new registered office address h	<u>ere</u> :	75 E
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	Flo	orida
	City	Zin Code

### 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jonathan Deeks	4155 Crooked Mile Rd	Add
OWNE	γ <sup>?</sup>	Merritt Island, Florida 32952	☐ Remove
1 Owner Please Make Whate Owne	him		□ Change
whate	Ver		Add
PWN	(4040)		□ Remove
			☐ Change
	<del></del>		Add
			Remove
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fective date, if other than the date of filing n effective date is listed, the date must be specific and	cannot be prior to date of fil	ing or more than 90 days a	puonar) after filing.)	Pursuant te	o 605.02
ote: If the date inserted in this block does not m cument's effective date on the Department of S	neet the applicable statuto	ory filing requirements,	this date v	vill not be	listed a
cument's enective date on the Department of S	tute 3 records.				
record specifies a delayed effective d	ate but not an effe	ctive time lat 12:0	ılam o	n the e	arlier
The 90th day after the record is filed.	ate, but not an ene	cerve time, at 1270	2 4,,,,,		u
November 2	2015				
	)/ \ /1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00