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## **COVER LETTER**

TO: Registration Se Division of Co			
	Lawn Care L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryan Eastwood		
		Name of Person	<del></del>
	Eastwood Lawn Care L.L.	C.	
		Firm/Company	<del></del>
	6213 Trent Creek Dr.		
		Address	
	Ruskin, FL. 33573		
		City/State and Zip Code	
	fireman0842@yahoo.com	to be used for future annual report not	(Fantian)
For further information c	concerning this matter, please ca		incanoa)
Bryan Eastwood		941 724-0342 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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:

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

npany as it now appears on our i led Liability Company)	records.)	
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## 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 on removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an ef	ive date, if other than the date of filing:  Ol-01-2016  (option date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after affect the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant	t to 605.020
	ent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	ı.m. on the	earlier o
Dated	December 30		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee