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Certificates of Status
Officer:

Office Use Only



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n RRUCE AUG 23 2017

# **COVER LETTER**

TO: Registration Section Division of Corporat	ions			
Gres	en Era Lo	WOOS LLC		
SUBJECT: 4		ted Liability Company	<del></del>	
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.		
Please return all correspondence	e concerning this matter t	o the following:		
	Dal	Hile		
_		Name of Person		_
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	Green Er	Firm/Company	<u>-L-C</u>	_
		, ,		
	1525 N	Veosho St	NE -	_ ^3
		Address		=======================================
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	1 61111	Bay, FL 3 City/State and Zip Code	<u> </u>	2) <u>:</u>
	hello@e	comowia	wn care, ce	nii in
_	E-mail address: (to	o be used for future annual r	eport notification)	· +
For further information concer	ning this matter, please ca	II:	wn care, co	
Dal Hill			987 - 0779 Daytime Telephone Numbe	
Name of Perso	п	Area Code	Daytime Telephone Numbe	ır
Enclosed is a check for the foll	owing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certification Certified Ce	ate of Status &

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

Green Era Lau	ons LLC	•			
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appear d Liability Company)	s on our records.)	•		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1600004106</u>	ny were filed on	1/6/20	16_a	ind assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> ;			
Eco Mow Lawn Care	LLC				
The new name must be distinguishable and contain the words "Limited Lia		signation "LLC" or th	ne abbrevia	tion "L.L.C."	_
Enter new principal offices address, if applicable:		·, ,,	·-		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a possible of New Registered Agent:		our records; ten	2917 AUS 21 (D) ter=the 1	i i i i i i i i i i i i i i i i i i i	
New Registered Office Address:					
	Enter Flori	da street address			
		, Florida	L		
	City		Ziţ	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or	more than 90 days	( <b>optio</b> i s after fi	<b>nal)</b> iling.) Pu	irsuant to 605
If the date inserted in this block does not meet the applicable statutory fillent's effective date on the Department of State's records.	ing requirement	s, this o	date wil	I not be liste
an surrous vocate on the Baparina kar state or easila				
cord specifies a delayed effective date, but not an effective	time, at 12:	01 a.	m. on	the earlie
90th day after the record is filed.				
August 17th 2017				
August 17th, 2017.  Pal C. Hill  Signature of a member or authorized representation				
Dal C' +/wh				
	ve of a member			

Page 3 of 3

Filing Fee: \$25.00