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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: R&C BRADY PROPERTY MAINTENANCE & LAWN CARE SERVICE Name of Limited Liability Company LI
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHERYL L. BRADY Name of Person
R&C BRADY PROPERTY MAINTENANCE & LAWN CARE SERVICES Firth/Company LLC
7600 YACHTSMAN DR. Address
HUDSON, FL. 34667 City/State and Zip Code
E-mail-atidress: (to be used for future annual report notification)
For further information concerning this matter, please call:
RONNIE J. BRADY SR. at (727) 457-7579 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\

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

The Articles of Organization for this Limited Liability Company were filed on JAN 27, 2016 and assigned

R&C BRADY PROPERTY MAINTENANCE & LAWN CARE SERVICES (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

71ما 18،0000ما 1 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: & C BRADY PROPERTY MANAGEMENT & LAWN CARE SERVICES 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: NA (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: NIA (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature 64 New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	ia –
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)	
In Article III (other provisions) please Re	2move	
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Effective date, if other than the date of filing: (option		c o . ~~
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d		
document's effective date on the Department of State's records.	38.	5.5
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he record specifies a delayed effective date, but not an effective time, at 12:01 a.r The 90th day after the record is filed.	n. on th	e earlier of
Dated February 2, 2016.		
Cheul L. Brady		
Signature of a member or authorized representative of a member		
Cherul L. Bradu		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00