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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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COVER LETTER

то:	Registration S Division of Co				
CUD ICA		HOPE LAWN CARE SERVICE	S, LLC		
SUBJEC	oli	Name of Lim	rited Liability Company		
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	oondence concerning this matter	to the following:		
		TARIQ EL-MANSURY			
			Name of Person	_	
		GREEN HOPE LAWN CA	ARE SERVICES, LLC		
			Firm/Company	_	
		14515 KRISTENRIGHT I	14515 KRISTENRIGHT LN Address		
		ORLANDO, FL 32826			
			City/State and Zip Code	_	
		GREENHOPELAWNCAR	_		
		E-mail address: (to be used for future annual report notification)		
For furth	ner information	concerning this matter, please ca	all:		
TARIQ	EL-MANSUR	Y	407 724-3783 at ()	2016 TALL	
	Name	of Person	Area Code Daytime Telephone Numb	2018 MAR 25 F	
Enclosed	d is a check for	the following amount:			
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	6	

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 HOPE LAWN CARE SERVICES, 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 $\frac{02/02/2016}{1}$ and assigned Florida document number L16000022505 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREEN HOPE LAWNS & LANDSCAPING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			Remove
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ective date, if other than the date of file effective date is listed, the date must be specific	and cannot be prior to date	of filing or more than 90 da	ys after tiling.) Pursi	uant to 605.02
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Typed or printed name of signee

Filing Fee: \$25.00