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TANISION OF CORPORATIONS.

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LOCKE LAWN Care LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Taylor Locke	
Name of Person	
Locke Lawn Care LLC	
Firm/Company	
515 80 Food Road	
Address	<del></del>
Bactous FL 33830 City/State and Zip Code	
City/State and Zip Code	
locke. taylor 3@gmail.com	m) 25 ir
E-mail address: (to be used for future annual report notification	m) = = = = = = = = = = = = = = = = = = =
For further information concerning this matter, please call:	ω σίζ. π
Taylor lake at (863) 286-8977	- 02. - 02. - 03.
Name of Person Area Code Daytime Tele	phone Number State
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Locke Lawn (are LLC	any as it now appears on our records	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>03 /09 / 2516</u>	and assigned
Florida document number <u>L 16 0000 28 00 3</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Locke land Management LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	515 80 Food Road	
(Principal office address MUST BE A STREET ADDRESS)	Bortow, FL 33830	
	·	77.0
		古 型
Enter new mailing address, if applicable:	515 80 Foot Road	
(Mailing address MAY BE A POST OFFICE BOX)	Barbow, FL 33830	<u> </u>
	<b></b>	9 94
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
	-	O .
Name of New Registered Agent:		
New Registered Office Address:		_
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
Name Danistana di Arantia Ciaratana i Eskaraina Danistana di Aranta		

## 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>	Name	Address	Type of Action
AMBR	Alleah Locke	515 80 Foot Road	Add
		Barbos, FL 33830	□ Remove
			Change
			Add
		□ Remove	
		Change	
			☐ Remove
		Change	
·			
			□ Remove
			Change
		Add	
		<del> </del>	Remove
			Change
<del></del>			
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 9, 2019
	May 9, 2019.  May Signature of a member or authorized representative of a member  Taylor Locke
	Signature of a member or authorized representative of a member
	Taylor Locke

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Typed or printed name of signee

Filing Fee: \$25.00