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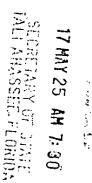
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MAY 25 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sturgeons Lawn Services and more 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:
CttRistopher Lee Sturgeon Name of Person
Sturgeons Lawn Services and more LLC Firm/Company
1284 theresa St. SE. Address
PAIM BAY, FL 32909 City/State and Zip Code
E-dail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cttristopher Sturgeon at (321) 213-4588 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Sturgeons Lawn Se	rvices and more LL	
Sturgeons Lawn Seg Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Sturgeons LLC The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
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, ento	er the name of the new
registered agent and/or the new registered office address he		D.
		F0 3
Name of New Registered Agent:		
New Registered Office Address:		25 SSE
	Enter Florida street address	SS & (1)
<u> </u>	, Florida	O 2 4 100 1
	City	Zip Olide
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	, i &

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Add
			☐ Remove
			☐ Change
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			☐ Remove
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Filing Fee: \$25.00