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AARON STOLT 7/21/2017

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COVER LETTER

	tion Section of Corporation.
CHO DOT.	STAIT I AWAY CARE IIC
SUBJECT:	STOLT LAWN CAISE LLC Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing
Please return all	correspondence concerning this matter to the following:
	AARON STOLT Name of Person
	Firm/Company
	Address POBOX 22993, St Petersburg, 33742
	St. Peters burg, FL, 33742 Gity/State and Zip Code Sheltlawn care @ gmail.com -mail address: (to be used for future Innual report notification)
	stoltlann care @ amail.com
	:-mail address: (to be used for future innual report notification)
For further infor	nation concerning this matter, please call:
Aaron	Name of Person a: 585 766 0250 Area Code Daytime Telephone Number
losed is a che	ck for the following amount
2 \$25.00 Filing	Fee S \$30,00 Filing Fee & S \$55,00 Filing Fee & S \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S \$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

2017 JUL 18 PH 1:47

FALLAHASSEE FLORIGE

OPTIS

	Or	\circ
		LLC Vas it now appears on our records.) ALLAHASSEF OF STATE ORIGINATION Ability Company)
STOLT LAWN) CARE	LLC "ASSEE STATE
Fame of the Limited (A	Liability Company Florida Limited Lia	as it now appears on our records.) ability Company)
		- las 12 mg
The Articles of Organization for this Limited Liab	ility Company w	were filed on $\frac{3/97/3016}{}$ and assigned
Florida document number <u>L1600005</u>	<u>8312</u> .	, , , , , , , , , , , , , , , , , , ,
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liabili	ity company here:
The new name must be distinguishable and contain the word	ds "Limited Liability	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	1361 S. Martin Luther King Je Ave Clearwater, FL 33 756
Principal office address MUST BE A STREET	ADDRESS)	Clearwater FL 3775
Transport Office and cas in Cost 150 in Strains		
		DOFON OF ON - (1 Detro)
Enter new mailing address, if applicable:		POBOX 22993, St. Peters burg, FL, 33742
(Mailing address MAY BE A POST OFFICE BO	<u> 2X, </u>	PL, 35 + 12
3 3 2	•	ice address on our records, enter the name of the new
registered agent and/or the new registered office	e audi es here:	
	5. 11.10	11. Sto H
fame of New Registered Agent:		
New Registered Office Address:	1361 5	M.LK: J. AVC Clear W. Las FL 33756 Enter Florida street 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 compty with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with any 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

Clearwater, Florida 33756

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>_ria</u>	<u>Name</u>	Address	Type of Action	
MBR	SAMUEL A. STOLT	P.O. BOX 22993 St. PETERSBURG FL 3	∆ Add	
		St. PETERSBURG FL 3	3742 - Remove	
			⊒ Change	
 				
			kemove	
			Change Add 8 St. C. D. Add S. C. F. L. T. C.	
			SSO Kemoye	
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		<u></u>	D Change	
			Add	
			Remove	
			□ Change	
			Remove	
			(7 Changa	

fame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	I want to make sure that I am adding
	Sam A Stolt to be a registered agent
_	and make sure that I favor Stolt.
-	
-	an also going to Stay listed as a registered
-	agentas well - Claim Stati
_	
_	
-	701
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Tecti	ive date, if other than the date of filing:(optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be inseed
cum	ent's effective date on the Department of State's records.
	and an elicities a delayed effective data, but not an effective time, at 12,01 a.m. on the earlier
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	
	alaron State
	Signature of a member or authorized representative of a member
	AARON STOLT
	Typed or printed name of signee

Page 3 of 3

filing Fee: \$25.00