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APR 29 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corpor			*4
SUBJECT: PA	Name of Limit	I SERVICE LL ed Liability Company	<u>'C</u>
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Richa	PA A FENCE Name of Person	
	PAUL'S	LAWN SERVICE, Firm/Company	116
	1501,	A)ton Court	-
		Address	
	SAINT	Sphus FL 3 City/State and Zip Code	2259
-	PAULSLAW E-mail address: (to	DELVICE 24 (a) be used for future annual report notifications	EMAILICOM
For further information conc	erning this matter, please cal	li:	
Richard Name of Pe	A. Perse rson	at (904) 343- Area Code Daytime To	1/28 elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

TO ARTICLES OF ORGANIZATION OF

PAUL'S LAWN SERV	ice LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number 4160006385.	were filed on <u>03/28/26</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	·	enter the name of the ne
Name of New Registered Agent:		AP R
New Registered Office Address:	Enter Florida street address	\$500 A
	, Flor	ida
	City	ida Zip Code
lew Registered Agent's Signature, if changing Registered Agent	<u>:</u>	35 W

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
C80	PAUL PENKE	1501 AHON COURT	
		1501 Alton Caret SAINT Johns, Fl 32259	⊠ Remove
			Change
AMBR	Richard A. FENCE	1501 A How Caset SANT Johns, FL 32259	B Add
		SAINT Johns, FL 32259	Remove
			Change
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Effective date, if other than the date of filing: 03/28/ If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	of filing of more than 90 days after filing.) P	ursuant to 605.0207
ne record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. or	the earlier of
Dated APRIL 25, 2016.		
1 Mars Co		
Signature of a member or authorized re	epresentative of a member	
Typed or printed name	of signee	

Page 3 of 3

Filing Fee: \$25.00