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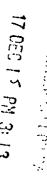
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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Pro Boys Lawn U.C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Pro Boys Lawn, UC
4665 Knoxville Ave.
City/State and Zip Code  Kgipin 6 CFl. (Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kirstie A. Gilpin at (321), 369-8023  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sqrt{30.00}\$ Filing Fee \text{ Filing Fee \text{ Certificate of Status } Certified Copy (additional copy is enclosed)} \$\sqrt{250.00}\$ Filing Fee \text{ 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

(Name of the Lim	Ired Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited I		ere filed on	1-4-2016	and assigne	ď
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabili	ty company her	<u>e</u> :		
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."	SECTION AND ADDRESS OF THE PARTY OF THE PART
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOY)			₹ PM 3:	
B. If amending the registered agent and		ce address on	our records, enter	r the name of t	—— ( <sup>(</sup>
registered agent and/or the new registered of				_	
Name of New Registered Agent:  New Registered Office Address:	Kyle 41.65	<u>. W. (</u> 5 Kno)	SilPin Wille A	<u>(MGr</u>	1)
		Enter Florid	a street address, Florida	32924	2

### 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	<u>Address</u>	Type of Action
MGA	Michael J Zwick, Jr.	4665 Knoxuille Ave.	🗆 Add
		Cocoa, Fl 32926	BR Remove
			Change
MGR	Kyle W. GilPin	760 Harvey Way	C Add
		Cocoq F1 32926	Remove
		(From AMBR) TOMER	Change
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fective date, if other the self-sective date is listed, the steel. If the date inserted in cument's effective date of the self-sective date.	n this block doc	es not meet the a	pplicable statute	ling or more than 90 ory filing requirer	(optional) days after filing.) P nents, this date wi	ursuant to 605.0207 If not be fisted as
record specifies a ( The 90th day after t	delayed effec the record is	tive date, bu filed.	t not an effe	ctive time, at	12:01 a.m. or	the earlier of
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Filing Fee: \$25.00