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COVER LETTER

Divi	sion of Corp	oorations		
SUBJECT:	Girard's Lav	vn & Ornamental Service, LLC		
SOLULE II.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		R. Michael Girard		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Girard's Lawn & Ornament	tal Service, LLC	
			Firm/Company	
		2170 Caseades Cove Drive		
			Address	
		Orlando, FL 32820		
			City/State and Zip Code	
		rmgirard55@comcast.net		
		E-mail address: (t	o be used for future annual repor	t notification)
For further in	formation co	ncerning this matter, please ca	ll:	
R. Michael (iirard		407 512-440)7
Name of Person				aytime Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling 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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION FILED **OF**

Girard's Lawn & Ornamental Service, LLC

2期 ル12 P334

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	T CTATE
IALLAHASSLE.	
The Articles of Organization for this Limited Liability Company were filed on April 8, 2016	and assigned
Florida document number L16000070146	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The Turf GuyZ, LLC	
The new name must be distinguishable and contain the words "Limited Liability 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, enter	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida _	
Cuy	Zip Code
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>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
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	specifies a delaye th day after the re		late, but not	an effective tin	ne, at 12:01 a.n	n. on the earlier o
Dated	JULY 7,		<i>2e19</i>			
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				ized representative of	a mambar	

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Filing Fee: \$25.00