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SECRETARY OF STATE
TANK ARREST FLORIDA

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
	Eagle Lawn and Property Mair	ntenance LLC		
SUBJECT:	Name of Lim	ited Liability Company	THE STATE AT IN THE STATE OF TH	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Daniel Bull			
		Name of Person		
		Firm/Company		
	6604 Blackfin Way			
		Address	<del></del>	
	Apollo Beach, FL 33572			
		City/State and Zip Code		
	bully101airborne@yahoo.c			
	E-mail address: (	to be used for future annual report notificat	ion)	
For further information co	oncerning this matter, please ca	all:	2016 APR SECKE I	
Daniel Bull		508 745-4740 at ()	PR 2	-
Name of	f Person	Area Code Daytime Te	lephone Number	TIMO
Enclosed is a check for th	e following amount:		25 _	
□ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number <u>L 160000 7 1 4 6 </u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Screaming Eagle Laun and Propert 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 the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address D Florida Zip Gade City 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	rd specifies a delayed effective date, but not an effective time, at 12:00 Oth day after the record is filed.	01 a.m. on the earli	er of:
	April 25,2016		
Dated _	1/2/1/ 92/2016		
Dated _	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00