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(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(D	Pocument Number)
Certified Copies	Certificates of Status
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S Warren AUG 0 1 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diaz C	are, Lhc	_
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L160000029</u> 58	were filed on $5/2$	e 1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Diaz Lawn Care,	LLG	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		THE PARTY NAMED IN COLUMN TO THE PARTY NAMED
		が 20 人 20 人
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-N/A	P 1: 16: OF STATE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		rds, enter the name of the ne
New Registered Office Address:		
	Enter Florida street addr	ress
	.1	Florida
	City	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>	Name	Address	Type of Action
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	ι		Remove
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effective of te: If the cument's of the record s	tate is listed, the date inserted in effective date as specifies a comparison of the specifies as specifies a	date must be spin this block do on the Department delayed effethe record is	ective dat is filed.	ennot be prior to the applicable's records. The prior to the applicable and the applicab	le statutory filin	g requirements	s, this date	e will no	ot be listed

Filing Fee: \$25.00