# L16000132041

	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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at (<u>850</u>)\_\_\_\_\_ Area Code 544-0290 Daytime Telephone Number Name of Person

## Enclosed is a check for the following 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

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## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT
ТО
<b>ARTICLES OF ORGANIZATION</b>
· OF

GADY L Brown MANTENP (Name of the Limited Liability Company (A Florida Limited L	ny as it now appears on our records.) iability Company)						
The Articles of Organization for this Limited Liability Company	were filed on	and assigned					
Florida document number <u>16000/32041</u> .							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabi	<u>fity company here</u> :						
MAGNOLIA LAWN CARE LLC The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	2627 Crocket CT	-					
(Principal office address MUST BE A STREET ADDRESS)	TAHALASSEE, FL 3	2303					
		<u> </u>					
Enter new mailing address, if applicable:	2627 Crocket CT						
(Mailing address MAY BE A POST OFFICE BOX)	2627 Crocket CT. TAllahassee, FL 32303						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	JUN - J II E D JUN - J IN E D ORE IARY OF STATE AHASSEE, ELDRIDA					
- 4011 - 11 - 1	City	Zip Code					

# New Registered Agent's Signature, if changing Registered Agent:

1

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

.

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	LISA M BROWN	2627 Crocket CT.	Add
		TAllahassee, FL. 32303	Remove
		·······	Change
·····		<u></u>	🖸 Add
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			Add
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.D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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### E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated une Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00