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05/24/18--01007--001 **25.00

TALLAHASSEE PLOSIE

COVER LETTER

TO: , Registration Section Division of Corporations	
SUBJECT: A Little OFF The Top Lawn care LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael A Evans Name of Person	
Firm/Company	
1202 SE 65th Circle	
Ocala FL 34472 City/State and Zip Code	
Ocala FL 34472 City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael A Evans at (352) 598-7996 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

A L: #/2 OFF The Top (Name of the Limited Liability Com	pany as it now appears on our records.)	<u>-</u>
(A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/10/20	16 and assigned
Florida document number <u>L 16000187074</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Trusstworth, LLC The new name must be distinguishable and contain the words "Limited Lia		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		
		HASS
Enter new mailing address, if applicable:		24 24 25 25 25 25 25 25 25 25 25 25 25 25 25
(Mailing address MAY BE A POST OFFICE BOX)		
		95. 77 0
	on 11	• .
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	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:

	Manager	
AMBR ≃	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		<u> </u>	Remove
			☐ Change
			☐ Remove
			Change
			
		☐ Remove	
		Change	
		Add	
			Remove
		☐ Change	
		☐ Remove	
		Change	
			Remove
			□ Change

Effective date, if other than the date of filing: [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 60 Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The 90th day after the record is filed.	
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ated $9/2$.	. 2018
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00