# 116000197592

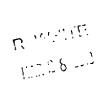
(Da	equestor's Name)	
(RE	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(D.	usiness Entity Nam	
(60	ISINESS Entity Nam	ie,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	

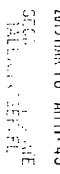
Office Use Only

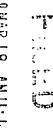


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03/18/19--01011--018 \*\*25.00







### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Total	Yard Beautilic	tionLCC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	John	Jerna	$\sim$
		Name of Person	
		Firm/Company	
	1101 Virgin	ra Ave	
	Saint Closel	FL 347	69
	1	City/State and Zip Code	icom
	Uderman (to E-mail address: (to	o be used for future annual report	notification)
For further information of	concerning this matter, please ca	II:	
John Ter	`M &\	at (487) 284	1-2537
Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t		<b>5</b> 666 00 PH	El eco do para de la
\$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



Total Yard Beauti	fication LL 2019 MAR 18 AM 11: 43
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1600) 197592	Company were filed on IS March ZOIP and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  (A Florida Limited Liab
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	•
	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>	<u>Name</u>	Address	Type of Action
AMBR	Kyle landors	1720 Irving Ave	
	·	1720 Irving Ave Orlando Fl 32804	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
		<u> </u>	Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan e <u>Note:</u>	tive date, if other than the date of filing: (optional)  ffective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on e 90th day after the record is filed.
Dated	15 March 2019
	Signature/of g member or authorized representative of a member
	John Serman.  Typed or printed name of signee
	ONN Der war

Page 3 of 3

Filing Fee: \$25.00