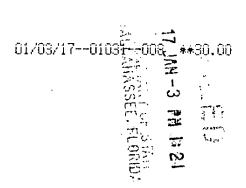
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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporation			<i>l</i> 1
SÜBJECT:	Hedgehog Li	endschaing LL ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Dustin L. H	tuntington Name of Person	
	Hedgehog Lá		operty Mointenance LL
	2915 Unity 7	ree DR. Address	
	Edgewater	FL 32141 City/State and Zip Code Cetions D gmail. co	2.0
-	E-mail address: (1	to be used for future annual report notificed	cation)
For further information cond	erning this matter, please ca	all:	
Dustin L. Hun Name of Po	tington	at (<u>286</u>) <u>689 2</u> Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 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

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L16000226788</u>	y Company were filed on <u>De C</u>	tember 09, 2016 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the Hedgehog Landscaping & The new name must be distinguishable and contain the words	imited liability company here Property Mointer Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>		17 JAN - S
	ddress here:	our records, enter the name of the new
Name of New Registered Agent:	N/A	5 20
New Registered Office Address:	Enter Florida	ı street address
	Cim	Florida
	ing name, enter the new name of the limited liability company here: Rehad Landscaping & Paperty Maintenance Luck must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) mailing address, if applicable: ress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enfer the name of the new tent and/or the new registered office address here: Registered Office Address: Enter Florida street address Enter Florida street address	

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

MGR =	Manager	
AMBR =	Authorized	Membei

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			☐ Remove
			☐ Change
		·	Add
			□ Remove
			Change
			Add
		57. E14. 24. 25. 26. 27.	Remove
		AHASSEE FLORIDA	Change Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			_ □ Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if nece			
ı				***
				
				
				
		22		
			JAN	
		35 t	- ω	
Fffor	ive date, if other than the date of filing: (option		30 30	
(If an e Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, this tent's effective date on the Department of State's records.	filing.).Pu	ırs jua nt to	605:0207 (3 listed as th
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a 90 th day after the record is filed.	.m. on	the e	arlier of:
Dated	December 30 , 2016			
	Dustin L. Huntington			
	Signature of a member or authorized representative of a member 1/30/16 Dystin L. Huntington Auth Stu	-i-A)	<u>.</u>	_

Page 3 of 3

Filing Fee: \$25.00