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Office Use Only



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SECRETARY OF STATE

O BRUCE APR 26 2017

COVER LETTER

Division of Co		*			
	I Scrvices, LLC				
SUBJECT:	Name of Lim	ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Douglas J. Weiland				
		Name of Person		_	
	Florida Soil Services, LLC				
		Firm/Company		_	
	334 E. Lake Road #172				
		Address		_	
	Palm Harbor, FL 34685				
		City/State and Zip Code		_ 2 ~	
	admin@jesproperties.com	to be used for future annual rep			-
For further information of	concerning this matter, please ca	·	off notification)	APR 21 NHASSI	F
Doug Weiland		727 409-2 at ()		<u> </u>	us &
Name o	of Person	Area Code	Daytime Telephone Num		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi ed) Certifi	Filing Fee, icate of Status & ied Copy onal 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

Florida Soil Services, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.17000003299}{1.17000003299}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our reco	SEGRETAR 22 CANASSE OF STAR 22 C
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	dress
		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>	<u>Name</u>	Address	Type of Action
AMBR	Summit View, LLC	334 E.Lake Rd. #172	
		Palm Harbor, FL 34685	☐ Remove
			Change
			Add
			□ Remove
			Change
	·		
			Remove
		<u> </u>	Signature Change
			Change
			□ Add
		44 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	□ Remove
			☐ Change
	<u> </u>		
			Remove
			☐ Change

		
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ffective 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.	(optional) ag or more than 90 days after filing.) Pu	rsuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	y filing requirements, this date wil	l not be listed as
ocument's effective date on the Department of State's fectius.		
e record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on	the earlier of
The 90th day after the record is filed.		
4/21/ / Zam		
Dated		

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Typed or printed name of signee

Filing Fee: \$25.00