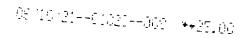
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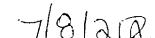
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	_

Office Use Only



200367926442





COVER LETTER

TO: Registration of Division of the Control of the	on Section f Corporations
SUBJECT: H	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Brudley Harrison Name of Person
	Hurrison's Laun and Land Management LLC Firm/Company
	6023 Latinger AVE Address
	FOR Mycrs, Florida 33905 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	tion concerning this matter, please call:
Bradley	art (239) 560-8146 Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harrison's Lawn and	Land Management LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)	
	were filed on 01 27 2017	and assigned
Florida document number <u>L176</u> 000 <u>21541</u> .		
This amendment is submitted to amend the following:	les of Organization for this Limited Liability Company were filed on OI 27 2017 and assigned occument number L 7 6000 21541 adment is submitted to amend the following: sending name, enter the new name of the limited liability company here: S. W. L. OUTAGE SENCES LLC me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" w principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) w mailing address, if applicable: address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered dror the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zur Code stered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	
A. If amending name, enter the new name of the limited liabi	ization for this Limited Liability Company were filed on O1272017 and assigned other C17 2000 21541 britished to amend the following: e, enter the new name of the limited liability company here: CL. OUTOR SETNICS LLC tinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ess MUST BE A STREET ADDRESS) didress, if applicable: Y BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered registered office address here: W Registered Agent: Florida Street address Enter Florida street address Florida Tap Code Tay Code Tay Signature, if changing Registered Agent: Appointment as registered agent and agree to act in this capacity. I further agree to comply with the trues relative to the proper and complete performance of my duties, and I am familiar with and	
S. W. F. L. Outdoor Service's L. The new name must be distinguishable and contain the words "Limited Liability"	mend the following:	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Francisco.	Enter Florida street address	37
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am for provided for in Chapter 605, F.S. Or,	amiliar with and if this document is
company and over mary and an army of all and of		

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
			□ Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
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			□Remove

Effective date, if other than the date of filing: 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 date in filed. Dated The signalure of a manforer or fauthorized representative of a member By calley Harrison		
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