L17000033254

(Requesto	r's Name)			
(Address)				
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(City/State/Zip/Phone #)				
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(Business	Entity Name)			
(Document Number)				
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17 AUG 15 AM ID: 32 SECRETARY OF STATE ALLAHASSEE, FLORIDA

3/16/17

COVER LETTER

TO:	Registration Se Division of Cor					
SHRIE		& Fencing Management LLC				
SUBJECT:Name of Limited Liability Company						
		Amendment and fee(s) are sub indence concerning this matter	<u>-</u>			
		Maria Cervantes				
			Name of Person	· · ·		
Lawn Care & Fencing Management LLC						
Firm/Company				.		
		127 Oaxaca Lane				
			Address	· ·		
		Kissimmee Fl 34743				
		City/State and Zip Code				
		jojoybella0914@gmail.com				
		E-mail address: (to be used for future annual report notifi	cation)		
For fur	ther information c	oncerning this matter, please ca	all:			
Maria	Cervantes		321 277-4064			
	Name o	f Person	at ()	Telephone Number		
Enclose	ed is a check for the	ne following amount:				
■ \$25	5.00 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 OF

Lawn Care & Fencing Management LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Febuary 10, 2017 and assigned Florida document number L17000033254 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 "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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>	<u>Address</u>	Type of Action
MGR	Maria Cervantes	127 Oaxaca Lane	
		Kissimmee FL 34743	□ Remove
			■ Change
			☐ Remove
		 	□ Change
			D Add
			Remove
			☐ Change
		-	Remove
			□ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
TAS T	
CRE AL	
SSS —	
	ILED
FLORID STATE	O
E. Effective date, if other than the date of filing:	(3)(b the
If 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 record is filed.	·:
Dated	
Signature of a member of authorized representative of a member	
Maria Cervantes	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00