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COVER LETTER

TO: Registration Section Division of Corpora		¢	
SUBJECT: Pia	pin's Lawn	Service UC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
	Justin	Carrett Pippin Name of Person	
•		Name of Person	
-	Pigein's L	ewn Service C	LC_
	11626	Brasock fo	
	Jacksonville	Florida 32719 City/State and Zip Code	
-		City/State and Zip Code	
- -	Pigeins lawn	service Cmall. (co be used for future annual report notificat	om
			ion)
For further information conce			
Justin Gar	rett Pippin	at (904) 302 - C	1/4/ Jenhane Number
Name of Fer	3011	Aca Coac Dayana 10	reprone Number
Enclosed is a check for the fo	llowing amount:		
\$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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pippin's Lawr				
	(Name of the Limited	l Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization	for this Limited Lia	bility Company were filed on	2/14/2017	and assigned
This amendment is submitte	d to amend the follow	wing:		
A. If amending name, ente	r the new name of t	the limited liability company he	e <u>re</u> :	
The new name must be distinguish	nable and contain the wor	rds "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices	address, if applical	ble:	······································	
(Principal office address M	<u>UST BE A STREET</u>	ADDRESS)		
Enter new mailing address	, if applicable:			
(Mailing address MAY BE .	4 POST OFFICE B	<u> </u>		
				Ab
B. If amending the registered agent and/or the		r registered office address on	our records, ente	the name of the ne
registered agent and/or the	new registered our	ce address nere:	g r r	
Name of New Reg	stered Agent:			
New Registered Of	fice Address:			\$ \$
		Enter Flor	rida street address	
			, 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>	<u>Address</u>	Type of Action
MGR OWNER	Justin Garrett Pippin	11626 Braddock Road	≅ Add
		Jacksonville, Florida 32219	☐ Remove
			Change
			□ Add
			□ Remove
	,		
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	,		□ Remove
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