117000036786

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TO: Registration Se Division of Cor			
SUBJECT:			· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Matthew Willett Name of Person Firm/Company 3728 NE 12th Ave Address Cape Coral, F2 33909 City/State and App Code Halawn Chothmall. Com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: 4 Willett at (231) 872 3992 Daytine Telephone Number or the following amount:		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matt	haw Willett	
		Name of Person	-
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	3728	NE 12th AV	e
		Address	
	Cape	Coral, FL. 339	09
	Hd/a E-mail address: (i	City/State and Zip Code Who he Hmay to be used for future annual report noti	1. Com
For further information co			
Stacey	Willett	at (231) 875	2.3992
Name of	`Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:

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

TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD Lawn	Care LLC	
(Name of the Limited Liability Comp (A Florida Limited		ords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/7000036786</u>	y were filed on $\frac{2/15}{}$	1.2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	care LL	
The new name must be distinguishable and contain the words "Limited Liab	oility Company, the designation "L	LC or the appreviation "L.L.C.
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 agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the hew registered
Nove - CNove Davistand Agants		
Name of New Registered Agent:	··	
New Registered Office Address:	Enter Florida street add	ress
		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
			□Remove
			□Change
			□Add
			□Remove
			□Change
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an effective date i ote: If the date	if other than the da is listed, the date must be inserted in this block tive date on the Depa	specific and canno does not meet th	e applicable stati	filing or more than atory filing requi	(option 90 days after fi rements, this c	ling.) Pursuant to 605	i.020 ed a
e record spec The 90th da	cifies a delayed e y after the record	ffective date, d is filed.	but not an eff	fective time, a	at 12:01 a.	m. on the earlie	ero
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