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COVER LETTER

TO:

TO: Registration S Division of Co			
NEVAEH	INVESTMENTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRANCISCO GONZALI	ΞZ	
		Name of Person	······································
	5980 SW 35 ST	Firm/Company	
	MIAMI, FL 33155	Address	
	FRANKG357@GMAIL.C		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	iffication)
FRANCISCO GONZALEZ		786 587-5533	
Name	of Person	at () Area Code ——Daytii	ne Telephone Number
Enclosed is a check for	the following 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 massee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassec, F1, 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEVAEH INVESTMENTS 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 2/24/2017 and assigned Florida document number _ L17000044964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLUE MONARCH LAWN CARE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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

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.

City

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an eff	ve date, if other than the date of filing: (option of the date of filing or more than 90 days after the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	filing.) Pursu	ant to 60	15 0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	s date will no	ot be lis	ted as
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on th	e earl	ier of
e rec	90th day after the record is filed.			
The	SEPTEMBER 6 2018			
The	SEPTEMBER 6 . 2018			
The	SEPTEMBER 6 . 2018			
The	SEPTEMBER 6 2018 Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00