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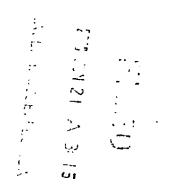
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D SCOTT
JUL 2 2019

COVER LETTER

TO: Registration S Division of Co			
	ENTUM LAWN CARE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PETER A PERONE		₹. 3
	·	Name of Person	
	MOW-MENTUM LAWN	CARE LLC	
		Firm/Company	
	6242 E VALE ST		
		Address	
	INVERNESS FL 34452		δ.
	PONCEPERONE@GMAII	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	ail:	
PONCE PERONE		352 697-0813	
Name	of Person		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)
MAU	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOW-MENTUM LAWN CARE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L17000066918	were filed on 03/23/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	3
WHETSTONE TILE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation."L.L.C."
Enter new principal offices address, if applicable:	6242 E VALE ST	2
(Principal office address MUST BE A STREET ADDRESS)	INVERNESS FL 34452	
		ب
		ं जी
Enter new mailing address, if applicable:	6242 E VALE ST	
Enter new maiting address, if applicable:	INVERNESS FL 34452	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	
	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>	Address	Type of Action
			Add
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			☐ Change
			□ Remove
			☐ Ghange
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Tective date, if other than the date of filing:		(optional)	_		
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statu	filing or more than 9 tory filing require	0 days after filing.) ments, this date v	Pursuant vill not i	to 605.02 be listed	20°
ocument's effective date on the Department of State's records.					
e record specifies a delayed effective date, but not an effe	ective time, at	12:01 a.m. o	n the	earlier	. 0
The 90th day after the record is filed.					
,					
atcd JUNE 18 , 2019.					

Page 3 of 3

Filing Fee: \$25.00