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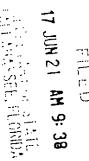
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S. WARREN JUN 2 3 2017

COVER LETTER 2

TO: Registration Section Division of Corporations	
SUBJECT: Zephyr Lawn Care, LLC Name of Limited Liability Company	<u>, , , , , , , , , , , , , , , , , , , </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eric C. Fike	
Zephyr Lawn Care,	LLC
38133 Buford Ave	
Dade City, FL 33525	5
E-mail address: (to be used for luture annual report notification))n)
For further information concerning this matter, please call:	•
Samantta Alexander at (813) 909 - Name of Person Area Code Daytime Tele	CHH ophone Number
Enclosed is a check for the following amount	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
Certificate of Status Certified Copy (additional copy is enclosed)	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**

(Name of the Limited Liability Comp	pany as it now appears on our records.) Hability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{4}{20}$ $\frac{2017}{201}$ and assigne	d
Florida document number L17000092453		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5547 13th 5t	
Principal office address MUST BE A STREET ADDRESS)	Zephyrhills, FL 3354	<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u>he</u>
		he_
Name of New Registered Agent:		<u>he</u>
egistered agent and/or the new registered office address her		he_
	<u>rę</u> :	he_

Thereby 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. Thereby confirm that the limited liabelity 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 Title Type of Action Address Name Eric C. FIBE 5547 13th 5t MGB ZephyrhillS, FL 33542 - Remove ☐ Change Samantha Alexander 5547 13th St Made AMBR Zephyrhills, Fl 33542 Remove ☐ Change ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove Change Remove 😭 Change

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Filing Fee: \$25.00