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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: BLUE SWAM L | AWN CARE L.L.C. |
|--|--|
| Name of Limited | Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted | ed for filing. |
| Please return all correspondence concerning this matter to the | ne following: |
| • | Rangel Jr. Name of Person |
| BLUE SWA | N Lawn Care L.L.C. Firm/Company |
| 6529 Corone | et Rd Lakeland, FL 3.3811 Address |
| Lakeland, FL | 338// ity/State and Zip Code |
| hildeber to rang | e used for future annual report notification) |
| E-mail address: (to be For further information concerning this matter, please call: | Fr. # |
| Hildeberto Rangel Jr Name of Person | at (813) 7/9 53/2 ASER 2 |
| Name of Person Enclosed is a check for the following amount: | at (813) 7/9 53/2 SETATE AND ARETAR AND ARET |
| • | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 |

COVER LETTER

Registration Section

TO:

| Division of Corporations |
|--|
| SUBJECT: BLUE SWAM LAWN CARE L.L.C. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| The enclosed Africles of Amendment and fee(s) are submitted for ming. |
| Please return all correspondence concerning this matter to the following: |
| Hildeberto Rangel Jr. Name of Person |
| BLUE SWAN Lawn Care L.L.C. Firm/Company |
| G529 Coronet Rd Lakeland, FL 33811 Address |
| Lakeland, FL 33811 City/State and Zip Code hildeber to range 1 @ rocket mail. com E-mail address: (to be used for future annual report notification) |
| hildeber to range 10 rocket mail.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| City/State and Zip Code hildeber to range © rocket mail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hildeber to Range Jr at (813) 7/9 53/2 SSR 23 Name of Person Area Code Daytime Telephone Number of Person Property Property |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAWN CARE LLC

RILLE SWAM

| (Name of the Limited Liability Compa (A Florida Limited I. | ny as it now appears on our records.) iability Company) | |
|---|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000127660</u> . | were filed on June 12, 2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| BLUE SWAN LAWN CARE The new name must be distinguishable and contain the words "Limited Liabili | L.L.C. ity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 6529 Coronet | |
| (Principal office address MUST BE A STREET ADDRESS) | Lakeland, FL 33 | 2811 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | er the name of the new |
| Name of New Registered Agent: | | AND THE PARTY OF T |
| New Registered Office Address: | Enter Florida street address | 23 P P. SSEE, FLO |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | <i>V</i> |

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 = 1 AMBR = 1 | Manager Authorized Member | | |
|---------------------|------------------------------|------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requiremer document's effective date on the Department of State's records. The 90th day after the record is filed. | | | - - |
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| The 90th day after the record is filed. | (optional) ys after filing.) I ts, this date w | Pursuant to 60: vill not be list | 05.020 sted a |
| 1 Tuna 20 2017 | :01 a.m. o | n the earli | ier d |
| lated June 20, 2017. | | | |
| Signature of a member or authorized representative of a member #:/c/eber-to Range Jr. Type or printed name of signee | | | |

Page 3 of 3

Filing Fee: \$25.00