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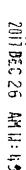


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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2017

MATTHEW LEE 8235 HEDGEWOOD DR JACKSONVILLE, FL 32216 US

SUBJECT: THE LAWN GUYS OF NORTH FLORIDA, LLC

Ref. Number: L17000140927

We have received your document for THE LAWN GUYS OF NORTH FLORIDA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE ENCLOSED FORM (PREVIOUSLY SENT TO YOU) AND MAKE ALL APPROPRIATE CHANGES ON THE ONE FORM, INCLUDING ALL APPROPRIATE SIGNATURES ON THE ONE FORM FOR YOUR LLC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00025330

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The	e Lawn Guys of Name Je Limi	Led Liability Company	LLC_
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Matthew	Name of Person	
	The Lawr		i Florida UC
	_8235 Hedg	jewood Drne	
	_Jacksonv.	He FL 32216 City/State and Zip Code	
	thelawngny	S of North Florida @ (mail. com
For further information co	oncerning this matter, please ca		
Matthew Name o	Person	at (904) 451-3 Area Code Daytime	2009 Telephone Number
Enclosed is a check for th	ne 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)

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 ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liabii Florida document number <u>L1700014092</u>	lity Company were filed on	6/29/17	and assig	ned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	e limited liability company	here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC" or the abb	reviation "Lat.	C."
Enter new principal offices address, if applicable	e:		三	
(Principal office address MUST BE A STREET A	DDRESS)		<u>, , , , , , , , , , , , , , , , , , , </u>	
				(F)
			·	
Enter new mailing address, if applicable:				ب
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		** C	,
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		·	the name of	the new
Name of New Registered Agent.	0 - 1	٠		
New Registered Office Address:	8235 Heage	Torida street address		
-	Jackson ville		32216 Zip Code	
Naw Registered Agent's Signature, if changing Regi	stered Agent			

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
MAR	Gary D. Longer	27258 W. 1St AVE	D Add
		Hilliard, FL 32046	Remove
MOR	Matthau Lee	8235 Hedgewood Dr.	X Add
		Jacksonville, PL 32216	□ Remove
			☐ Change
			☐ Remove
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	essary.)
	
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E. 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 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a (b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated December 22, 2017.	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Matheus lee	<u>-</u>

Page 3 of 3

Filing Fee: \$25.00