## 117000199448

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	:#)
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## **COVER LETTER**

Division of Cor			
SUBJECT:	H & S Law	n Service, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Rodney M Howard	
		Name of Person	
		H & S Lawn Service, LLC	
		Firm/Company	
		3817 Hazel Godwin Road	
		Address	
		Jay, FI. 32565	
	<del></del>	City/State and Zip Code	·
		awnservicehs@gmail.com	
		o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Rodney M	M Howard	850 380-2379	
Name of Person Area Code Daytime Telephone Number			Telephone Number
Enclosed is a check for t	he 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**

2017 SEP 18 PH 2: 28

H & S LAWN SERVICE, 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 Florida document number	ity Company were filed on	SEPTEMBER 6, 2017	and assigned		
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company	here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "L.L.C" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
	<del></del>				
B. If amending the registered agent and/or r	registered office address o	on our records, enter t	he name of the ne		
registered agent and/or the new registered office	address here:				
Name of Name Products 1.4					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
_		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Regis					

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>	<u>Address</u>	Type of Action
AMBR	JAY A SHOEMAKER	1395 TARA DAWN LN.	
		PENSACOLA, FL 32534	Remove
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Madina d		1	S	SEPTEMBER	6, 2017			
an effective	ate, if other than the	t be specific ar	ng: nd cannot be p	nor to date of f	iling or more tha	(option 90 days after t	<b>nal)</b> filing.) Pursu	ant to 605.026
Ote, 11 430	edate inserted in this be effective date on the D	ock does not	meet the app	dicable statut	ory filing requ	rements, this	date will no	ot be listed a
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record	snerifies a delave	d offoctivo	data but	not an off-		-1.12.01		
The 90ti	specifies a delaye h day after the rec	ord is filed	i.	not an ene	ective time,	at 12:01 a	.m. on th	e earlier (
ated	SEPTEMBER 6		2017					
		/	. /					
_		-//	11/2	1				
	//- / -	Signature of a	member of a	uthorized repre	sentative of a m	•mber		<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00