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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Inspired Lawn and Landscapes LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Christopher Bailey Name of Person
Inspired Lawn and Landscapes LLC Firm/Company
22514 NU 62 ave
Alachua Fl. 32615 City/State and Zip Code Inspired Landscapes @ hotmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
To famile mornation concerning this matter, please can.
William Christopher Bailey at (352) 665-1454 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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ARTICLE	ES OF ORGANIZATION	1/2/2
	OF	2017 000
		"" (T27 AM.
Incolned Lawn and La	indscales LLC	20170CT 27 AM 11: 42
(Name of the Limited Liab	ility Company as it now appears on our recida Limited Liability Company)	ords.) 14887501 8
(2.10)	ida Emitted Elabirity Company)	7 7 6.15
The Articles of Organization for this Limited Liability	Company were filed on 9-25-2	017 and assigned
Florida document number L17000197560	·	
This amendment is submitted to amend the following:		
This amendment is submitted to afficile the following.		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "!	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DECC	
Trincipal Office dualess MOST BE A STREET ADE	/KE33)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
		Florido
	City	Florida 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
Owner	William Christopher Bailey	22514 NW 62 ave Alachua	为 Add
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Fective date, if an effective date is	other than the da	te of filing:	be prior to date of ti	line or more than 9	(optional)) Programme 41, 605,020
	inserted in this block ive date on the Depa	aocs not micet in	e additionie statiti	ory filing require	ments, this date	will not be listed a
record spec The 90th day	fies a delayed e	ffective date, i I is filed.	but not an effe	ctive time, at	12:01 a.m.	on the earlier o
ited		,	· •			
		_	or authorized repres			

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Filing Fee: \$25.00