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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 Christophen Baiky
Inspired Lawn and Landscapes LLC Firm/Company
22514 NW 62 ave
Alachua Florida 32615 City/State and Zip Code
Alachua Florida 32615  City/State and Zip Code  Inspired landscapes @ hotmail.com  Hamail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Christopher Bailey at (352) 665-1454  Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

Inspired Lawn and La	nd sca pes LLC ty Company as it now appears on our records.)	·
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 9-25-17	and assigned
Florida document number <u>L 17000 1975 60</u>	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		72.2
		S T
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		iii o m
B. If amending the registered agent and/or regist	tered office address on our records,	enter the name of the nev
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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 Title Name Address Type of Action Registered Bailey, William C Agent 22514 NW 62 ave □ Add Alachua Fl. 32615 \_\_\_\_ Change Bailey, William W, SP 22514 NW 62 ave DAdd MGRAlcohus F1. 32615 Remove \_\_\_\_\_ D Change AP Bailey, Ellen S 22514 NW 62 ave DAdd Alochuc Fl. 32615 Remove \_\_\_\_\_ Change ☐ Add ☐ Remove □ Add □ Remove

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