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## **COVER LETTER**

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SUBJECT:		n Service and Pressure Washin	g LLC			
oudlet.	•	Name of Lim	ited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Austin King				
			Name of Person			
		King's Lawn Service and P	ressure Washing LLC			
			Firm/Company			
		13929 SW 130th Avenue				
		•	Address			
		Archer, Florida 32618				
			City/State and Zip Cod	le		
		kingslawnservice66@gmail E-mail address: (	.com to be used for future annu	al report notifica	tion) :	r -
or further	information c	oncerning this matter, please ca		·		
Janise Beni	nett			396-5298		,
	Name o	f Person	at () _ Area Code	Daytime To	elephone Number	:
Enclosed is	a check for th	ne following amount:			·	-
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is a		S60.00 Filing Certificate C Certified Co (additional cop	of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registi Divisio Cliftor 2661 E	ET/COURIER ration Section on of Corporation Building Executive Center assee, FL 3230	ons er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King's Lawn Service and Pressure Washing LLC		<del></del>
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Torida document number L17000201008	pany were filed on September 28, 2017	and assigne
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or the ab	obreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	• •
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	· · · · · · · · · · · · · · · · · · ·	the name of
registered agent and/or the new registered office address	here:	
	:	, , , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:		
New Registered Office Address:	·	. •
	Enter Florida street address	
	. Florida	_
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tabitha King	13929 SW 130th Avenue, Archer.	■ Add
			☐ Remove
			☐ Change
			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  Note: If the date inserted in this block does not meet the  document's effective date on the Department of State's r	applicable statutory fil	more than 90 days after		
he record specifies a delayed effective date, b The 90th day after the record is filed.	out not an effective	time, at 12:01	a.m. oп the	earlier of
Dated October 9th. 2017	, 			
Tanu	18 Bon	ne 12		
	or authorized representati	ve of a member		

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Filing Fee: \$25.00