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UCT 23 2017 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sawyer's Mame 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:
Debra Lombardo Name of Person
Sawyers Trinity Tree Service & Landscaping, U(
(0) 51 AQUAVISTA Lane
Fort Myes, Fl. 33917 City/State and Zip Code DLombardo4 @ Concast, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debra Lombardo at (139) 240-000 3 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Sawyers Thin the Servi (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ce E Landscapine appears on our records.)	, LLC
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>Li700010840</u> ./		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:	291	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Trincipal Office damess most be 11 STREET (12 DREES)	*	PETON.
	7	., .
Enter new mailing address, if applicable:		· ·
(Mailing address MAY BE A POST OFFICE BOX)		
	MA.	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name	of the new
Name of New Registered Agent:		
New Registered Office Address:		
Ent	er Florida street address	
City	, Florida Zip Code	
Cuy	z.φ 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 = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Loren C. Sawyer	1075/AQualista Lane Fort Myers, FL 33917	Add Add
			Remove
			Change
			Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
	·		□ Add
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			Ghange
			
			Remove
			□ Change

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	<u></u>
Effective date, if other than the date of filing:	optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirements,	after filing.) Pursuant to 605.020
document's effective date on the Department of State's records.	, this date will not be listed a
	a . 20
he record specifies a delayed effective date, but not an effective time, at 12:0	
The 90th day after the record is filed.	i i i i i i i i i i i i i i i i i i i
	<u> </u>
Dated	
h/selles / South at SAC	* * * * • • • • • • • • • • • • • • • • • • •
	is the
Signature of a member of authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00