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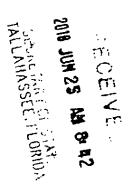
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COVER LETTER

Division of Corporations
SUBJECT: Smith Boyz Lawn Care, 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:
Doug Smith Name of Person
Firm/Company
702 Camp Post Cane
City/State and Zip Code downsmith 1260 amail (Common 12 and Common 14 address: (to be used for future annual (report notification)
For further information concerning this matter, please call:
OCUSI SMITH at (B13) 430 - 5401 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)} \$\Bigcup \$60.00 Filing Fee, 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

_ Smith Boy	12 Laun Care, LLC.
(<u>Name of the Limited II</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 1700234	ity Company were filed on 11/15/2017 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Southern View La. The new name must be distinguishable and contain the words	"Limited liability company here: "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	7 7 7 7 C
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new 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 Lucci	Luccis Smith	702 Lamp Post (n	
		TOD Lamp Post (n Lakeland, FL 33805)	Remove
			Change
			Add
			□ Remove
			CEIVE Change
			SSEE FL
		 	Change
			□ Add
			Remove
			Change
	 		
		<u> </u>	□ Remove
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			Add
			☐ Remove
			☐ Change

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Effec	ve date, if other than the date of filing:
(If an e Note:	betive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
17acc	Signature of a member or authorized representative of a member Dov 5 Cm i H

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00