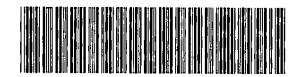
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registra Division	ation Section of Corporations		
Arti SUBJECT:	e's Lawn Care LLC		
	Name of Limited Liability Company		
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.		
Please return all o	correspondence concerning this matter to the following:		
	Arthur Chestnut II		
	Name of Person		
	Artie's Lawn Care		
	Firm/Company	2915 T	-:7
	1225 Butch Cassidy Trail	(.)	م. مست
	Address		ำเริ
	Wimauma, Fl 33598	ئن >	コ
	City/State and Zip Code frwine@yahoo.com	بر ابرا س	
	E-mail address: (to be used for future annual report notification)		
For further inform	nation concerning this matter, please call:		
Arthur Chestnut	1 304 389-2514 at ( )		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a che	ck for the following amount:		
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	

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

Artie's Lawn Care LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/19/2018	and assigned
Florida document number L18000017020		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
		2 .1
		2 2
Enter new mailing address, if applicable:	<u></u>	رب نیا
Mailing address MAY BE A POST OFFICE BOX)		د.
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address h</li> </ol>		enter the name of the
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
new negistered Office Address.	Enter Florida street address	
	. Flori	da
	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 addedor removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joeyell Chestnut	1225 Butch Cassidy trail Wimauma, FL 33598	■ Add
			Add
			□ Remove
			Change
		W	Remove
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			Add
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ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applic	able statutory filing requirements, this date will not be list
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but no ne 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earli
04 December 2018	
	· /
	1 -10
Signature of a pember or author	Marie Committee of the

Page 3 of 3

Filing Fee: \$25.00