(Red	questor's Name	·)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificati	es of Status
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co					
	npa Lawn and Tree Company	y			
Name of Limited Liability Company					
	Amendment and fee(s) are sub				
riease return an corresp	ondence concerning this matter  Joseph Anthony Pellegri				
Name of Person SouthTampa Lawn and Tree Company					
Firm/Company  4606 South Clark Ave  Address  Tampa, FL. 33611  City/State and Zip Code southtampalawnandtree@gmail.com					
				MALLAHA	18 第16
				ARY OF	24 AM
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notifi all:	cation)	STATE STATE	8: <b>42</b> 2
Joseph Pellegrino		813 952-0829	•		
Name (	of Person		Telephone Number	_ <del>.</del> _	
Enclosed is a check for t	the following amount:				
(additional copy is enclosed) Certi				of Status 8	
MAII	ING ADDRESS:	STREET/COURII	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our rec Liability Company)	ords.)				
were filed on January 29th	2018 and assigned				
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ility Company," the designation "I	LC" or the abbreviation."L.L.C."				
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Tampa, FL. 33611	20 1				
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Tampa, FL. 33611	2°				
<u>re</u> :	ords, <u>enter the name of the ne</u>				
4606 South Clark Ave  Enter Floridu street address					
Tampa , Florida 33611					
City·	Zip Code				
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e performance of my duties.	further agree to comply with the , and I am familiar with and )5, F.S. Or, if this document is				
	pility company here:  ility Company," the designation "I  4606 South Clark Ave Tampa, FL. 33611  4606 South Clark Ave Tampa, FL. 33611  Office address on our records:  Clark Ave  Enter Floridu street address  City  Evee to act in this capacity. If				

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>	Name	Address	Type of Action
			Add
			Remove
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D. If amending any other inform .	ation, enter chang	ge(s) here: (.4	tach additional s	heets, if necessa	ry.)		
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E. Effective date, if other than th		ugust 21st 20	18	(optional	I)		
(If an effective date is listed, the date m Note: If the date inserted in this I document's effective date on the	ust be specific and cannolock does not meet	not be prior to dat the applicable s		an 90 days after filin	g.) Pursuant to		
If the record specifies a delaye (b) The 90th day after the re		, but not an	effective time,	at 12:01 a.m	. on the e	arlier	of:
Dated August 21st	20	018					
- Contraction of the contraction	AA (SI	)		· · · · · · · · · · · · · · · · · · ·		<b></b> -	
To	Signature of a memb	per or authorized	representative of a r	nember			
Joseph Anthony Pel	egnno						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00