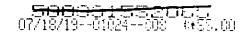
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Amend

JUL 2 6 2019 I ALBRITTON

COVER LETTER

TO:	Registration of	on Section Corporations		
CHRIE	CT.	EASY GREEN LAWN CA	ARE SERVICES LLC	
JUDJE		Name o	f Limited Liability Company	
The end	closed Article	s of Amendment and fee(s) are	submitted for filing.	
Please r	return all corr	espondence concerning this ma	atter to the following:	
			SATYANAND PERSAUD	
			Name of Person	
		EAS	SY GREEN LAWN CARE SERVICES	LLC
		t	Firm/Company	
		27	15 GARRETT NICHOLAS LOOP	
			Address	
			KISSIMMEE, FL, 34746	
			City/State and Zip Code	
		E-mail addre	DSINGITAX@GMAIL.COM ss: (to be used for future annual report notifie	cation)
For furth	her informatio	on concerning this matter, pleas		
	SATYAN	AND PERSAUD	407 334-0502	
	Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check fo	or the following amount:		
□ \$25.·	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on our reconsility Company)	ords.)
	pility Company w	ere filed on FEBRUARY 2	, 2018 and assigned
Florida document number L18000030783	<u> </u>		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) as of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2018 and assigned cument number L18000030783 diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviation "L.L.C." Principal offices address, if applicable: Indicate address MUST BE A STREET ADDRESS) Mailing address, if applicable: N/A Indicate address MAY BE A POST OFFICE BOX) And Indicate address on our records, enter the name of the new agent and/or the new registered office address on our records, enter the name of the new agent and/or the new registered office address here:		
N/A	and assigned and a		
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A	
(Principal office address MUST BE A STREET)	ADDRESS)		201
Enter new mailing address, if applicable:	<u>-</u>	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	<u> </u>	
	_		<u></u>
D. Mermandi and a state of the			ယ ယ
b. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address here:	address on our record	ds, enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addre	255
_			lorida
		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>	<u>Address</u>	Type of Action
AP	JASMINE FIGUEROA	2715 GARRETT NICHOLAS LOOP, KISSIMMEE FL 34746	
			□ Change
MGR	SATYANAND PERSAUD	2715 GARRETT NICHOLAS LOOP, KISIMMEE, FL 34746	
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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			☐ Remove
			Change

_	N/A
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	. 1 1
Effective	e date, if other than the date of filing: 6/28/19 (optional)
(II an effect Note: If	ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
documen	t's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 9	Oth day after the record is filed.
	2 06/28/19
Dated	00/28 1"
(
\ -	Signature of a member or authorized representative on a member
\	September of a district of authorized representative trips themself
	ASMINE FIGUEROA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00