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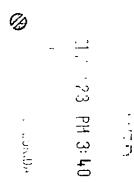
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COVER LETTER

TO:	Registration S Division of Co		-	•
CHD IE		ng Lawn Care and Tree Scrivce		
SUBJE	CI;	Name of Lin	nited Liability Company	-
The encl	losed Articles o	Outstanding Lawn Care and Tree Serivce Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Matthew Ellis		
Please re	eturn all corresp	condence concerning this matter	to the following:	rerson LLC Ipany y ss Zip Code Tre annual report notification) 7
		Matthew Ellis		
			Name of Person	_
		Outstanding Lawn Care ar	nd Tree Service, LLC	
			Firm/Company	_
		7520 East Irlo Bronson Mo	emorial Highway	
			Address	_
		Saint Cloud, FL 34771		
			City/State and Zip Code	_
		Outstandinglawncare@aol.	com	
		E-mail address: (to be used for future annual report notification)	_
For furth	er information	concerning this matter, please c	all:	
N	1atthew Ellis	_	at (407) 709-1869	
	Name	of Person	Area Code Daytime Telephone Num	ber
Enclosed	l is a check for	the following amount:		
■ \$25.	00 Filing Fee		Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	icate of Status & ied Copy
	Mailing Addre		Street Address:	
	Registration Division of 0	Section Corporations	Registration Section Division of Corporations	
	P.O. Box 63	•	The Centre of Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite	: 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outstanding Lawn Care and Tree Service, LI		
(<u>Name of the Limited Liabili</u> (A Florida	ly Company as it now appears on our record a Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 02/19/2018	and assigned
Florida document number L18000044711	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter	the name of the new register
		mo o
Name of New Registered Agent:		FL TO
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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>	Name	Address	Type of Action
VP	Delbert MCghee	7520 East Irlo Bronson Memoiral Highway	≣ Add
		Saint Cloud, FL 34771	□Remove
			Change
	- ·		□Add
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