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(Re	equestor's Name)	
(Ad	ddress)	··
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(Ci	ty/State/Zip/Phone #	(‡)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Do	ocument Number)	
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QWIK COURIER

850-284-4584

407-791-8690

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER_	outstanding	Luwn Care i
Tree	Services	
L18	0000 4711	

COVER LETTER

TO:	Registration S Division of Co	ection rporations		
CHIPTE		ng Lawn Care and Tree Service	, LLC	
SUBJE	.C1:	Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspond	ondence concerning this matter	to the following:	
		Matthew Ellis		
			Name of Person	
		Outstanding Lawn Care ar	nd Tree Service, LLC	
			Firm/Company	
		7520 East Irlo Bronson Me	emorial Highway	
			Address	
		Saint Cloud, FL 34771		
			City/State and Zip Code	
		Outstandinglawncare@aol.c	com to be used for future annual report noti	fication)
For furtl	her information o	concerning this matter, please c	•	
Matthey	v Ellis		407 709-1869 at ()	
	Name o	f Person		e Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$ 25	.00 Filing Fee	☐ \$30.00 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)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outstanding Lawn Care and Tree Service, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability 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 limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new res agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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
VP	Lyle Kimpling	7520 East Irlo Bronson Memorial Highway	🖺 Add
		Saint Cloud, FL 34771	Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	-		□Add
			□Remove
			□ Change

amending any other informat	ation, enter change(s) here: (Attach additional sheets, if necessary.)
ffective date if other than the	e date of filing: (optional)
an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	e date of filing:
record specifies a delayed effective is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 15	
	m
	Signature of a member or authorized representative of a member
Matthew Ellis	
MINIMICAL CITIS	Typed or printed name of signee

, . . .

Filing Fee: \$25.00