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SECRETARY OF STATE (ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration So Division of Co | | , | |
|---------------------------------------|--|---|--|
| SUBJECT: | ngSton Yard and | LCWN LLC ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Mav | Quis Eviste Name of Person | |
| | kingston ' | lard and Lawn 1 | LC . |
| | 5618 As | toria Pl. Orlando Address | <u>, Fl. 3280</u> 8 |
| | | odo Fl. 32808 City/State and Zip Code | |
| | Kingston Ya | rd and lawn UCal | ication) |
| For further information of | concerning this matter, please ca | | |
| Marquis Name o | Eriste of Person | at (<u>407)</u> 837-2 Area Code Daytime | 954 Telephone Number |
| | | | |
| Enclosed is a check for t | • | | |
| \$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 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

| Kingston Yo | and and Lawn UC | | |
|---|---|-------------------------------|---------------|
| (Name of the Limited Li (A Fl | ability Company as it now appears on our records.) lorida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabili Florida document number <u>L18000053187</u> | ity Company were filed onOZ/Z8/Z018 | and ass | igned |
| This amendment is submitted to amend the following | g: | | |
| 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 | | | <u> </u> |
| (Principal office address MUST BE A STREET AI | DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | - |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | · | |
| B. If amending the registered agent and/or r | | | |
| | | 2018 MAR BECKETA ALLAHA | |
| Name of New Registered Agent: | · | | |
| New Registered Office Address: | | MO O | <u> </u> |
| | Enter Florida street address | PH 1: FSTAT FLORI | |
| _ | | 20 | |
| | City | 7 Zip ⊊ ode | |

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 |
|--------------|----------------|----------------------|----------------------|
| MGR | Marquis Ériste | | Add |
| | · | | □ Remove |
| | | 5618 astonia Pl. Orl | ando fl. 3280 Change |
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Page 3 of 3

Filing Fee: \$25.00