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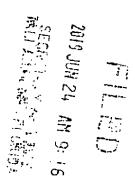
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COVER LETTER

	Registration Sec Division of Corp		•	•
SUBJEC"		ULING LLC	•	
The enclo	sed Articles of :	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspon	ndence concerning this matter	to the following:	
		LENARDO R DAVIS		
			Name of Person	
			Firm/Company	
		11502 LUCKYGEM DR		
		RIVERVIEW, FL 33579	Address	
		leointampa@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
LENARD	OOR DAVIS		813 808-0898 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
■ \$25.00	O 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

B LINE HAULING 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 $\frac{04/02/2018}{1}$ ____ and assigned Florida document number L18000083425 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREENACRES LAWN SERVICE LLC 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 natio of the new registered agent and/or the new registered office address here: ì °, r Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Zin 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 amendin or removed	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:					
MGR = MAMBR = A	Aanager Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
			Add			
			□ Remove			
			Change			
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Saled			an effective	ime, at 12:01	a.m. on t	the ear	lier of:
Kanasch Duo	JUNE 18	2019					
/ Signature of a member or authorized representative of a member	Konasch Duos) 	_ ·				
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Page 3 of 3

Filing Fee: \$25.00