## L18000088762

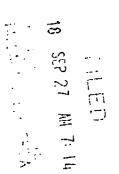
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Uproof LondScaping L.L.C  Name of Limited Hability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Warren Name of Person
Firm/Company
5409 Bruton Rd.
Plant City, FL 335 L05 City/Suite and Zip Code
Uprotandscaping amail.com E-mail address: (to be used for future amual report notification)
For further information concerning this matter, please call:
Michael Warren at (813, 713-4114) Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uprot Land Sc (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L180008870</u> .2	ny were filed on 409/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ibility Company," the designation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the nevere:
Name of New Registered Agent:  New Registered Office Address:  Diagram    SHC	Chall Warren  9 Bruton Rd.  Enter Florida street address  1+ City Florida 33565
	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 Type of Action Title Katherine L. Jackson 3554 U Takats Dr. DAdd Zephyrhills, FL 3354/ Kremove \_□ Change MGR Michael A. Warren 5409 Bruton Rd. Oxida Plant City, FL 33565 - Remove □ Change \_\_□ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

\_□ Change

D. If amending any o	ther information, enter o	change(s) here: (	(Attach addition	al sheets, if necess	sary.)	
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(b) The 90th day a	after the record is filed	i.				
Dated Sep.	tember 24t	4 2018				
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