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COVER LETTER

Division of Co			
	iwn Masters, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Antonio Mansilla Derqui		
		Name of Person	
	Florida Lawn Masters, LL	С	
		Firm/Company	
	3669 MAIDENCAIN ST		
		Address	
	CLERMONT, FLORIDA	34714	
	FLORIDALAWNMASTER	City/State and Zip Code RS@GMAIL.COM	<u> </u>
	E-mail address: (to be used for future annual report notific	ration)
For further information	concerning this matter, please co	all:	
ANTONIO MANSILL	A DERQUI	305 762 - 2399 at ()	
Name	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for	the 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)
	LING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Lawn Masters, LLC			
(Name of the Limited I	Liability Company as it Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.18000138120		iled on	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability co	mpany here:	
The new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	·	
Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	.,	ddress on our records,	enter the name of the ne
Name of New Registered Agent:			JUL 5
New Registered Office Address:		Enter Florida street address	
-	Cit	, Flori	da OST O
	·····	<i>f</i>	907 TG

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	Type of Action
P	MANSILLA DERQUI, ANTONI O	3669 MAIDENCAIN ST	
		CLERMONT, FL 34714	Remove
		Change title to Member	Change
VP	MANSILLA DERQUI, XIOMARA	3669 MAIDENCAIN ST	
		CLERMONT, FL 34714	
		Change title to Member	☐ Change
0	MANSILLA DERQUI, BRANDON	3669 MAIDENCAIN ST	
		CLERMONT, FL 34714	☐ Remove
		Change title to Member	
			Add
			Remove.
			SSA AM DO Remove
			□ Change
			☐ Remove
			□ Change

CHANGE OF TITLES	
MANSILLA DERQUI, ANTONIO P. to MEMBER	
MANSILLA DERQUE XIOMARA - VP to MEMBER	
MANSILLA DERQUI, BRANDON O to MEMBER	
	
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flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af	otional) fler filing.) Pursuant to 605,0207 (3
If the date inserted in this block does not meet the applicable statutory filing requirements, t ment's effective date on the Department of State's records.	his date will not be listed as th
ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	La.m. on the earlier of:
JUNE 28 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00