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## **COVER LETTER**

Division of Co	rporations				
Savannas SUBJECT:	s Lawn Care LLC				
3003LC1.	Name of Lin				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Issac Summers				
		Name of Person	<del></del>	-	
	Savannas Lawn Care				
	_				
728 NE St. Lucie blvd Address					
	Jensen Beach, FL 3495	7	,	<b>5</b> 2	
City/State and Zip Code					
	isummersusa@gmail.cor	n to be used for future annual report no	otitication)	<b>2018 JUL 23</b> SECRETARY SECRETARY	
For further information of	concerning this matter, please c			RAY OF A	
Issac Summers		772 333-8860		1000 1000 1000 1000 1000 1000 1000 100	
Name (	of Person		ime Telephone Number	<u> </u>	
Enclosed 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)	Certified	ite of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company as it now appears on our records.)

Savannas Lawn Care LLC

(A I	florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L18000162074	lity Company were filed on 07/03/2018 and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	.DDRESS)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
-	\$\frac{1}{2} \frac{1}{2} \frac
New Registered Office Address:	Enter Florida street address . Florida . Florida
	City Çizip Çizip
New Registered Agent's Signature, if changing Regi	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liabilityinge.

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
MGR	Issac Summers	728 NE St. Lucie blvd	<b>\</b> Add
_		Jensen Beach, FL 34957	Remove
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ied <u>7</u> -	-19-18		·	1.		/		

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Filing Fee: \$25.00