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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Local Roots Lawn Care  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy A. WINKI-er- Name of Person
Lical P-cots Lawn Care Firm/Company
255 Marsh Inda South
Freeport, FL 32439 City/State and Zip Code
Local roots 1 awn @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy Winkler at (850) 585-8556 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

(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 <u>JUIY 5 7018</u> and assign	ed
Florida document number <u>L18000163068</u>	
This amendment is submitted to amend the following:	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
=	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	i
	, <del></del>
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	he new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Lee Winkler	255 marsh Lodg S.	<b>⊡</b> Add
		255 marsh Lndg S. Freeport Fl, 32439	Remove
			□ Change
		□ Remove	
		Change	
			□ Remove
		☐ Change	
			Add
			☐ Remove
			Change
			☐ Remove
		Change	
	-		
			Remove
			☐ Change

· · ·	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 5 2019
	timen Mix That
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00