118000260056

(Re	equestor's Name)	
(Ad	dress)	
— (Ac	(dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: Page Tot	al Lawncare, LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brent Dilts			
		Name of Person		
	Page Total Lawn Care	e, LLC		
		Firm/Company		
	43 Osprey Dr	_		
		Address		
	Old Bridge, NJ 08857			
		City/State and Zip Code		
	brentdilts@hotmail.com	to be used for future annual report notifi	estion)	
For further information of	oncerning this matter, please co		Carlony	
Brent Dilts		at (914) 420-6019		
Name o	f Person	Area Code Daytime	Telephone Number	25 10 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the	he 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 Fe Certificate of St Certified Copy (additional copy is)	tatus &

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

Page Total Lawncare, LLC			
(Name of the Limited)	I Liability Company as it r A Florida Limited Liability (iow appears on our records.) Company)	
The Articles of Organization for this Limited Lia Florida document number L18000260056	.	led on November 6, 2018	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability cor	npany here:	5.3
Page Total Lawn Care, LLC			4-1
The new name must be distinguishable and contain the wo	rds "Limited Liability Comp	pany," the designation "LLC" or the al	obreviation "L.L.C." 3
Enter new principal offices address, if applica	ble:		್
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here:		the name of the new
Name of New Registered Agent:	Northwest Registe	ered Agent, LLC.	
New Registered Office Address:	3030 N. Rocky Po	oint Dr. STE 150A Enter Florida street address	
	Tampa	Florida <u>3</u> 3	3607
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			□ Change

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ective date, if other the effective date is listed, the degree of the date inserted in ument's effective date of	this block does	not meet the ap	plicable statutor	ng or more than 90 d y filing requireme	_(optional) ays after tiling.) Purents, this date will	suant to 605.02 not be listed a
record specifies a d ne 90th day after th			not an effec	tive time, at 1	2:01 a.m. on t	the earlier
November November	9		3			
Bull	D.W. Signature	of a member or a	authorized represe	ntative of a member	,	
	-		•			

Page 3 of 3

Filing Fee: \$25.00