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Division of Corporations

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From:

Account Name : NATALIE M. BURNS PL

Account Number : I20140000036 : (305)733-8223 : (866)883-7019 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN FIELD LAWN & LANDSCAPING LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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GREEN FIELD LAWN & LANDSCA (Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L18000264498	outpany were filed on 11/13/2018 and assigned
This amendment is submitted to amond the following:	
A. If amending name, enter the new pame of the limits	ted liability company here:
7	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
the new name must be distinguishable and contain the words "Lumite	ted Entoring Company, the designation LEC of the approviation Colors
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	A Company of the Comp
(Mailing address MAY BE A POST OFFICE BOX)	
	→
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the new tess here:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	, Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	City Zip Code I Agent: Ind agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	City Zip Code I Agent: and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, if this document is

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of cach 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	ANNA IAMSHCHIKOVA	5033 HIGHLANDS BY THE LAKE DR.	
		LAKELAND, FL 33812	
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
		Remodel T	
		Change	

		Remove	
			G Change
		Remove	
			☐ Change
· 			
			П Кеточе
			□ Change

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Typed or printed name of signee

Signature of a member or authorized representative of a member

STEWART THOMPSON, AUTHORIZED MEMBER

Filing Fee: \$25.00

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