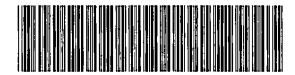
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PICK-UP	☐ WAIT	MAIL
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C. GOLDEN FEB - 7 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Magic Rake Land Scaping and Tree Service Subject:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
IVan A Jarrett Name of Person
The Magic Rake Landscaping and Tree Service LAC
6861 Rubens Court Address
Onlando FL 33818 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuan A: Jarrett at (321) 380-0914 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 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

The Magic Rake	Landscapingano	d Iree Service LL C
	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		$1.7 \left(3019 \right)$ and assigned
This amendment is submitted to amend the following	g:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESŠ)	201
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	SET OF SE
B. If amending the registered agent and/or re registered agent and/or the new registered office a		5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		_
	Enter Florida	street address
		, Florida
	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	Ivan A Jarrett	Orlando, FL 32818	Add
		Orlando, 15h 32818	🗆 Remove
			Change
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<u>te:</u> If the da	e, if other than the d te is listed, the date must b ate inserted in this bloc fective date on the Dep	k does not meet the	e applicable statuto	ing or more than 90 day ry filing requirement	(optional) s after filing.) Pursu s, this date will no	ant to 605.026 of be listed a
record sp he 90th c	pecifies a delayed of day after the recor	effective date, brd is filed.	out not an effe	tive time, at 12:	01 a.m. on th	e earlier o
ed(Mins	<u>8</u>	019			
	Mins	size B	or authorized repres	entative of a member		
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Page 3 of 3

Filing Fee: \$25.00