119000071997

| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | _ |
| (Document Number) | |
| Certified Copies Certificates of Status | · |
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| FO: Rej Div | gistration Secti rision of Corpo | on rations | | • | |
| | LAWN PRO | LAWN MAINTENANCE, LI | .C | | |
| SUBJECT: | | Name of Limited Liability Company | | | |
| The enclose | d Articles of Ar | mendment and fee(s) are subn | nitted for filing. | | |
| Please retur | n all correspond | lence concerning this matter to | o the following: | | |
| | | MICHAEL ROBINSON | | | |
| Name of Person | | | | | - |
| ROBINSON ACCOUNTING SERVICE | | | | | |
| Firm/Company | | | | | - |
| 2335 E. BALDWIN RD. | | | | | |
| Address | | | | | - |
| Address PANAMA CITY, FL 32405 | | | | | |
| | | | City/State and Zip Code | | _ |
| | | E-mail address: (t | o be used for future annual report n | otification) | |
| For further | information cor | ncerning this matter, please ca | II: | | |
| MICHAEL | ROBINSON | | 850 769-2331 | | |
| | Name of | Person | Area Code Day | time Telephone Number | er T |
| Enclosed is | s a check for the | following amount: | | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & |

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

| LAWN PR | O LAWN MAINTENANCE, LLC |) |
|---|---|----------------------------|
| (jvaing of the family | ed Liability Company as it now appears on our records. (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Li Florida document number <u>L19000071997</u> | ability Company were filed on 03/14/19 | and assigned |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" | or the abbreviation L.L.G. |
| Enter new principal offices address, if applic | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | - 1 |
| | | - 22 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | |
| B. If amending the registered agent and registered agent and/or the new registered o | or registered office address on our records, | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flo | rida Zip Code |
| | 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> | <u>Address</u> | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| MGR | RORY D. SMITH | 3721 HWY 2331 SOUTHPORT, FL 32409 | |
| | | | ☐ Remove |
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| E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the line. | ust be specific and cannot be p block does not meet the ap | rior to date of filing of ficable statutory f | or more than 90 days affiling requirements, the | ter filing.) Pursuant to 60 | 05.0207 (3) sted as the |
| If the record specifies a delaye (b) The 90th day after the re | ed effective date, but cord is filed. | not an effectiv | ve time, at 12:01 | . a.m. on the ear | lier of: |
| Dated JUNE 21, | | | | | |
| Los | Signature of a member or : | | <u>.</u> | | |
| | Signature of a member or a | uthorized representa | ative of a member | | |
| | RORY D. SMITH | | | | |

Page 3 of 3

Filing Fee: \$25.00