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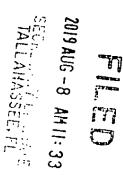
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COVER LETTER

TO: Registration Se Division of Cor			
Lawn Xpre SUBJECT:			
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Melissa Kaye Ochoa		
		Name of Person	
	Lawn Xpress, LLC		
		Firm/Company	
	1703 18th Street East		
		Address	
	Palmetto, FL 34221		
	melissaluna03@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all;	
Melissa Kaye Ochoa		941 896-0227	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Fee, Certificate of Status & 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now <u>appears on our recor</u> Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on April 3, 2019	and assigned
Florida document number L19000091605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Lawn Xpress, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	
Enter new principal offices address, if applicable:	1703 18th Street East	2019 SEC TA
Principal office address MUST BE A STREET ADDRESS)	Palmetto, FL 34221	
		→ · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	1703 18th Street East	
Mailing address MAY BE A POST OFFICE BOX)	Palmetto, FL 34221	
		17) ω
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the
New Registered Office Address:	Enter Florida street addre	699
New Registered Office Address:		ess Morida Zip Code

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
Ambr	Albert Vazquez	1703 18th Street E Palmetto, FL 34221	■ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
	<u> </u>	Change	
		-	Add
			□ Remove
			□ Change
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			□ Change
			Remove
			☐ Change

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E. Effective date, if other than the c	July 13, 2019 date of filing:	(optional)
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605,0207 (3)() filing requirements, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the reco		ive time, at 12:01 a.m. on the earlier of:
Dated August I,	2019	
	Signature of a member or authorized represer	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00