# L19000125100

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S. YOUNG

### **COVER LETTER**

TO:	Registration S Division of Co		·	
SUBJE		LAWN SERVICES LLC		
SUBJE	CI	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		KARINA RODRIGUEZ		
		<del> </del>	Name of Person	<del></del>
		LIBERTY LAWN SERVI		
			Firm/Company	
		111 BREAM DR	, ,	
		<del></del>	Address	<del> </del>
		SATSUMA, FL 32189		
			City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please ca	all:	
KARIN	A RODRIGUE	Z	386 937-3454 at ( )	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	d is 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)	☐ \$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

LIBERTY LAWN SERVICES LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L19000125100}{L19000125100}$ .	on 5/08/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	·
Enter new principal offices address, if applicable:	至6 9
(Principal office address MUST BE A STREET ADDRESS)	
_ <del></del> ,	SSC. FI
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	3(
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ess on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	nter 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>	<u>Address</u>	Type of Action
MGR	JOSE RODRIGUEZ		
			= Remove
	JOSE DOLODES DODOS GUES		Change
MGR	JOSE DOLORES RODRIGUEZ- HERNANDEZ	111 BREAM DR	<b>S</b> Add
		SATSUMA, FL 32189	Remove
			Change
		·	□ Remove
			Change
			Add
			□ Remove
			Change
		<del> </del>	Add
		<del></del>	□ Remove
			Change
			□ Remove
			Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.</u>	
<del></del>	
_	
<del></del>	
(If an effecti Note: If t	date, if other than the date of filing:
the recor ) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	May 31 2019
	Signature of a member or authorized representative of a member
	KARINA BODRIGUEZ Typed or printed hame of signee

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Filing Fee: \$25.00