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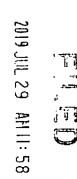
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lawncare & Moore, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derek Moore Name of Person
Lawreare & Moore Firm/Company
10907 Lemay DRIVE
Clermont, FL 34711  City'State and Zip Code  dimogre @ lawnsammoore. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derck Moore at (352) 777-0557  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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



New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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 Address Type of Action Title Name \_□ Add \_\_\_\_\_ Remove \_\_\_\_ Change \_□ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00