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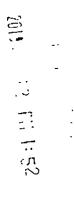
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO:							
				ARE LLC			
SUBJE	.CT:	:					
The enc	rlosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Picase i	return	all correspon	dence concerning this matter	to the following:			
			BRENDA CHAMBERS				
	Division of Corporations ENVIRONMENT KINDNESS LAWN CARE LLC SUBJECT: 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:						
			CHAMBERS & ASSOICA				
				Firm/Company			
			603 N. FERDÓN BLVD.				
	Address						
			CRESTVIEW, FL 32536				
		City/State and Zip Code					
			E-mail address: (to be used for future annual report noti-	fication)		
For furt	ther in	nformation co	ncerning this matter, please co	all:			
BRENI	DA C	HAMBERS					
		Name of	Person	Area Code Daytim	e Telephone Number		
Enclose	ed is a	check for the	: following amount:				
8 \$25	5,00 F	ling Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ENVIRONMENT KINDNESS LAWN CARE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/01/2019}{1}$ and assigned Florida document number L19000196998 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ENVIRONMENTAL KINDNESS LAWN CARE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			☐ Change
			
			☐ Remove
			□ Change
			□ Remove
			□ Change
			□ Remove
			□ Change
			☐ Remove
			☐ Change

Not	effective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of he 90th day after the record is filed. RC: AUGUST 15 10 10 2019
Dat	ed AUGUST 15 JOP Convert 10 2019
	William I form

Page 3 of 3

Filing Fee: \$25.00