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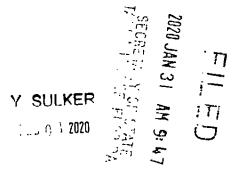
(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
(Bi	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JOE & JOE-JOE'S L	AWN SERVICE, L	.C
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Рhoto Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
-		Vehicle Search
		Driving Record
Requested by: Seth	01/31/20	UCC 1 or 3 File
Name	$\frac{01/31/20}{\text{Date}} = \frac{\text{Tim}}{\text{Tim}}$	UCC 11 Search
Name	Date 11m	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
JOE & JOE SUBJECT:	E-JOE'S LAWN SERVICE. LL	.c	
3000 EC 1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS R. CALDERON		
		Name of Person	
	BELAIR ACCOUNTING	SERVICES, INC.	
		Firm/Company	
	1627 E. VINE STREET, S	STE 110	
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	
	ADLUSH@AOL.COM		
For further information a	e-mail address: (concerning this matter, please c	to be used for future annual report notif	fication)
	oncerning this matter, piease c	ан:	
LUIS R. CALDERON		407 944-9262 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u>	
Registration Section Division of Corporations		Registration Section	
P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOE & JOE-JOE'S LAWN SERVICE, 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 01/16/2020 _ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 , Florida

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

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 **AMBR** CINDY V ZAMPINO 1123 HACIENDA CIRCLE DbA□ KISSIMMEE, FL 34744 Remove _____ □Add __ □Add _ □Remove □ Change __ □Add _____ 🗆 Remove ___ 🗆 Add □Remove □ Change _____ □Add □Remove __ Change

it amending any of	her information, enter	r change(s) here: (Attach c	additional sheets, if necessary.)
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Effective date, if oth	er than the date of fill	01/31/2020 ing:	(optional)
fan effective date is liste <u>Note:</u> If the date inse	ner than the date of filled, the date must be specific attending this block does not date on the Department of	ing: and cannot be prior to date of filing t meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
fan effective date is liste Note: If the date inser- locument's effective of record specifies a del	ed, the date must be specific a rted in this block does no date on the Department o	ing:and cannot be prior to date of filing to meet the applicable statutor of State's records.	ig or more than 90 days after filing.) Pursuant to 605.02
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Filing Fee: \$25.00

COVER LETTER

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	Name of Lin	nited Liability Company	
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	LUIS R. CALDERON		
		Name of Person	
	BELAIR ACCOUNTING	SERVICES, INC.	
		Firm/Company	
	1627 E. VINE STREET, S	TE 110	
		Address	
	KISSIMMEE, FL 34744		
	ADLUSH@AOL.COM	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	fication)
LUIS R. CALDERON	g	407 944-9262	
Name	of Person	at ()	ne Telephone Number
		Area code Dayiiii	ic Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sc	ction
Division of Corporations P.O. Box 6327		Division of Corporations	
Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303