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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: SAPP FAMILY LAWN CARE, UC 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:
amanda a Sapp Name of Person
SAPP FAMILY LAWN CARE, UC
1232 SE CR 405 Address
BRANFORD FURDA 32008 City/State and Zip Code
Suppressible to be used for future annual report riolitication) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Area Code Daytime Telephone Number Till 8
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status & Certificate
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAPP FAMILY UAWA CARE UC

(Name of the Elmited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	City and agree to act in this cap complete performance of m gent as provided for in Cha ed office address, I hereby	y duties, and I am familiar with and apper 605, F.S. Or, if this document is
New Registered Office Address:	Ciŵ	
	Enter Florida	street address
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	ords, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		-
Enter new mailing address, if applicable:		
		: 23
(Principal office address MUST BE A STREET ADDI	 RESS)	
Enter new principal offices address, if applicable:	inted blabinay company, the desi	
The new name must be distinguishable and contain the words "Lim		·
A. If amending name, enter the new name of the lim	sited liability company here	,
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability C. Florida document number <u>L2000092L</u> This amendment is submitted to amend the following:	17.9	HOH 30, WW and assigned

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 **Type of Action** Address Title Name TROY D. SAPP 1232 SE CL 475 12400 BRANFORD, FL 32008 ____ □Change □Remove \Box Add □Remove □Add _____ Change Remove __ □Change _____ □Add

_____ Change

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	ve date, if other than the date of filing: (option ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.	ing.) Pursuai	nt to 605.02	.07 (
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ing.) Pursuai	nt to 605.020 t be listed a	:07 (as t
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Pursuai	nt to 605.02 t be listed a	:07 (as t
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Filing Fee: \$25.00