L20000 116352

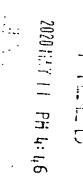
(Reques	tor's Name)	
(Address	<u> </u>	
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PICK-UP	WAIT MAIL	
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Amend

MAY 2 7 2020 I ALBRITTON

COVER LETTER

Division of Corporatio	ns		
SUBJECT:	Urphys Law Name of Limited L.	on Cace 11	<u>C</u>
The enclosed Articles of Amendo	ment and fee(s) are submitted	d for filing.	
Please return all correspondence	concerning this matter to the	following:	
	Michae	K Murphy	
	Mucphysl	Firm/Company	
	2903 Breez	y Meadow Rd	
	Apopka FL	32712 State and Zip Code	
_	Mucohysla (E-mail alldres); (to be t	va Care 01 @ LM	al -con
For further information concerning	ng this matter, please call:		
Michael KMu Name of Person	uphy.	_at (<u>407</u>)	7779 Elephone Number
Enclosed is a check for the follow	ving amount:		
∇ \$25.00 Filing Fee	50.00 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)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

= ' '/ '	lawn Care LLL	· •
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	-
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2000011635</u> 2	y were filed on April 29,	<u>DOD O</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7077
Enter new mailing address, if applicable:		111
(Mailing address MAY BE A POST OFFICE BOX)		3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 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 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>	Address	Type of Action
AMBR	Michael K Murphy	2903 Breezy Meadou Rd Apopka FL	V CTAdd
	,	Rd Apopka FL	□Remove
		32712	
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reffective date is list te: If the date inse	erted in this block do	eific and cannot be prior	cable statutory filing		onal) filing.) Pursuant to 605.0 s date will not be listed
cord specifies a do s filed.	elayed effective date.	but not an effective t	ime, at 12:01 a.m. c	n the earlier of: (b) The 90th day after
ed May			1 hus		
		ure of a member or auth	/		
			led dame of signee		