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JUN 17 2020

COVER LETTER

SUBJECT: HD	AUN COYE Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspon-	dence concerning this matter to	the following:	
	Matthew	Name of Person	<u>Ipma</u> n
	HD law	ncare LLC	
	4634 Ja	Firm/Company Verification Address	
	middlebur	10 F1 3201	<u> </u>
	HD Jaman E-mail address: (to	be used for future inhual report notificati	<u> </u>
For further information cor	ncerning this matter, please call	:	
Mathew Name of 1	Shipman	at (904) 510 - 2 Area Code Daytime Tel	216 ephone Number
Enclosed is a check for the	following amount:		
\$35.00 Filing Fee	☐ \$30.00 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)

TO:

Registration Section Division of Corporations

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**



	HD LAWNCARE LLC	2020 J 1-1 All 9:53
(Name of the Limited (A	Liability Company as it now appears on of Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number $\frac{L200012}{}$	oility Company were filed on 5.0	(0.20) and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable of the Appl	ile:	tion "L.L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered of t		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	veet 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 Title Name Type of Action Atthew Shipman 41034 Taveline St pado ☐ Change Stephanie Shipmon 4034 Javeline St DANG Middleburg F1 32068 ** ** XREINOVE ☐ Change bb∧□ ____ □Remove ☐ Change _____ 🗀 Remove ___ □Change _____ □Remove ______□∧dd

____ 🗆 Change

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E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member Mathew Shipman
Typed or printed name of signee