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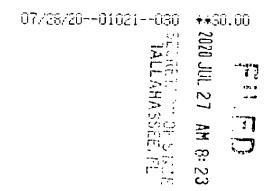
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COVER LETTER

Division of Corp	orations		
Quality Perfo	ormance Lawn Service, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Latina Norris		
		Name of Person	
		Firm/Company	
	946 16th Street		
		Address	
	Palm Harbor, FL 34683		
	lnorris9.ln@gmail.com	City/State and Zip Code	
	E-mail address;	to be used for future annual report notifica	ition)
For further information cor	icerning this matter, please c	all:	2020 JUL 2 3544 - 17 344 - 1744
Latina Norris		727 301-0530 at ()	elephone Number 3
Name of I	Person	Area Code Daytime T	elephone Number 35
Enclosed is a check for the	following amount:		© 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
□ \$25.00 Filing Fee	■ \$30.00 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)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

Quality Performance 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 $^{\mathrm{Junc}}$ 15, $^{\mathrm{2020}}$ and assigned Florida document number $\frac{1.20000164614}{2}$ 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 "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.

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
MGR	Latina Norris	946 16th Street, Palm Harbor, FL 34683	
			□Remove
			□Change
MGR	Earl L Norris II	946 16th Street, Palm Harbor, FL 34683	□Add
			■Remove
			□Change
			🗆 Add
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing.		(op	tional)		
ote: If the date inserted in this block does not meet the applicable statutory					
ocument's effective date on the Department of State's records.					
record specifies a delayed effective date, but not an effective time, at 12:01 a	om on the	earlier of:	(b) The 90	Oth day	after th
is filed.			(0)	, u.,	
July 22 2020					
ated July 22 2020					
Latin Marile					
Signature of a member or authorized represent	ative of a mo	ember			_