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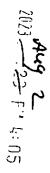
(Red	questor's Name)	
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COVER LETTER

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TO:	Registration Section Division of Corporations	4
SUBJE	CT: Q5-SM, +h5 Lqua Care Sarvices La Name of Limited Liability Company	ic.
The enc	closed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	ACLO SM. 11. Name of Person	
	C's - Sm. +h's Lawn Care Servi	ices Lic
	7630 Jefferson Ava.	
	Cantury FL 3.353.3 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furthe	er information concerning this matter, please call:	
	Name of Person at (SSC) 957-458. Area Code Daytime Telephone	Number
Enclosed	is a check for the following amount:	
€ \$25.0	(additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 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**

(A Fiorida Limi	ted Liability Company)
The Articles of Organization for this Limited Liability Compa	
Florida document number 1. 33 000 34 8999	/
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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:	ਰ:
(Mailing address MAY BE A POST OFFICE BOX)	·Л
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Fig. 13
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
I hereby accept the appointment as registered agent and agent or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

company has been notified in writing of this change.

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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
Amisa	ARQUAVIAN J. SMITH	Century, FL, 32533	□Add
		Century, FL, 32533	□Remove
			Change
<u></u>			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective fan effection fan effective fan effetive f	tive date, if other than the date of filing: 7-39-303 (optional) tive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not seffective date on the Department of State's records.
	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
ated _	7-31-203, An Van Signature of a member or authorized representative of a member
	An Van
	Signature of a member or authorized representative of a member