L13000030091

| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| (Bu | isiness Entity Nan | ne) |
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| TO: Registration S Division of Co | | : | |
| Hefty's He | lper's Landscaping and Grounds | Maintenance, LLC | |
| SUBJECT: | lper's Landscaping and Grounds Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Sandy Macaulay | | |
| | | Name of Person | |
| | Macaulay & Associates LI | .C | |
| | | Firm/Company | |
| | 5321 1st Avenue South | | |
| | | Address | |
| | Saint Petersburg, FL 3370 | 7 | |
| | | City/State and Zip Code | |
| | sandy@macaulayaccounting | g.com to be used for future annual (epo | and the standard of the standa |
| For further information | concerning this matter, please of | | or normeanon) |
| Sandy Macaulay | | 727 520-19 | 980 |
| Name | of Person | at (| Daytime Telephone Number |
| Enclosed is a check for ■ \$25.00 Filing Fee | the following amount: □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclose | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy |
| Mailing Addre Registration Division of P.O. Box 63 | Section Corporations | Division c | (additional copy is enclosed tress: on Section of Corporations the of Tallahassee |
| Tallahassee, | | | Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Hefty's Helper's Landscaping and Grounds Maintenance, 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 February 27th 2013 | and assigned |
|---|--|---------------------------|
| Florida document number L13000030091 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| Hefty's Helper's Landscaping LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility 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) | | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the na | ame 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 |
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| ective date, if other than the da | ate of filing: | | (option | nal) | |
| effective date is listed, the date must b | e specific and cannot be prior | to date of filing or n | nore than 90 days after fi | ling.) Pursuant t | o 605.020 |
| e: If the date inserted in this block ument's effective date on the Department. | c does not meet the applicantment of State's records | able statutory filir | ig requirements, this o | late will not b | e listed a |
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| Si | gnature of a member or auth | orized representative | e of a member | | _ |

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