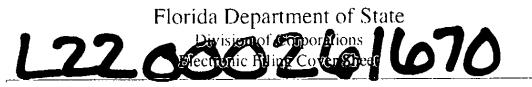
10/17/2022 08:47:06 CDT-10/12/22, 4:27 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| F.ma | 11 | Address: | |
|------|----|----------|--|

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A A RON CARPENTRY LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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Selection 1

COVER LETTER

(((H22000350898 3)))

| TO: | Registration Se Division of Cor | | • | 4 A |
|--------------|------------------------------------|---|---|--|
| emb n | ecr. | A A RON C | ARPENTRY LLC | |
| SUBJI | ECT: | Name of Limi | ted Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | LOVETTE DOBSON | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 17350 STATE HWY 249 S | TE 220 | |
| | | | Address | <u> </u> |
| | | HOUSTON, TX 77064 | | |
| | | EFILE1234@INCFILE.CO | City/State and Zip Code | |
| | | | o be used for future annual report : | polification) |
| For fur | ther information c | oncerning this matter, please ca | ill: | |
| LOVE | TTE DOBSON | | at () | 888-462-3453 |
| | Name o | f Person | Area Code Day | nime Telephone Number |
| Enclos | ed is a check for the | he following amount: | | |
| ≡ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed. |
| | Mailing Addres | | Street Address Registration | |

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

(((H22000350898 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A A RON CARPE | ENTRY LLC | | |
|--|--|--------------------------|---------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears (bility Company) | on our <u>records.</u>) | |
| The Articles of Organization for this Limited Liability Company w | ere filed on | 06/08/2022 | and assigned |
| Florida document number | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty company hero | <u>e</u> : | |
| WREDE'S LANDSCAPING LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the des | ignation "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: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our rec | ords, <u>enter the</u> | name of the new register |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Fator Florid | a street address | <u> </u> |
| | LALT I MITTE | o arti pelletta | 多对 # |
| | | , Floric | ia <u>12 - 17 - 1</u> |
| | Cuy | | 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 Changing Registered Agent, Signature of New Registered Agent

(((H22000350898 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000350898 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|------------------------|----------------|
| AMBR | Anron Wrede | 535 Drew Street West | ■Add |
| | | Jacksonville, FL 32234 | □Remove |
| | | | ☐ Change |
| - | | | □Add |
| | | | □Remove |
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| Effective date, if other than the date of filing: Coptional | | | | | |
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| Effective date, if other than the date of filing: | | | | | |
| Effective date, if other than the date of filing: (optional) | | | | | |
| Effective date, if other than the date of filing: | | | <u>.</u> | | |
| Effective date, if other than the date of filing: | | | | | _ |
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