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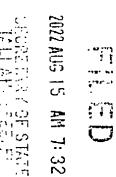
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Special Instructions to Filing Officer:
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A. BUTLER NOV 14 2022

## **COVER LETTER**

TO: Registration Se Division of Cor		e e e e e e e e e e e e e e e e e e e	
SUBJECT: SEA	DER - LAWK	CARE SERVICE	ياد.
30bJEC1	Name of Limi	CARE SERVICE  red Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEREMY	SENDER Name of Person	
		Name of Person	
	SENDER-	Firm'Company	EVICE LIC.
		Firm/Company	
	19419 NESI	LU DRIVE Address	
		Address	<del></del>
	OPLANDO, F	City/State and Zip Code  SENDER  VA  To be used for future annual report notice	2
	JEREMY	· SENDER JYA	HOO. COM
			neations
For further information c	oncerning this matter, please ca	ill:	
TEREMY	SENDER	at (407) 883 Area Code Daytim	-9748 _
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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 Se	ction
Registration : Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee e Street, Suite 810
Tallahassee.	FL 32314	2413 IV. IVIOIIIO	e accet, adde ord

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENSDER-LAWN CA	RE SERVICE 15 AB 7: 32
SENDER - LAWY CA (Name of the Limited Liability Compan (A Florida Limited L)	Liability Company) A LOWE 1/4 NOTE STATE
The Articles of Organization for this Limited Liability Company v	were filed on 63/14/2022 and assigned
Florida document number <u>L 2200012754 o</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
SENDER LAWN CARE AND S The new name must be distinguishable and contain the words "Limited Liabili	SERVICES LLC.
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14419 DESILU DRIVE
(Principal office address MUST BE A STREET ADDRESS)	OFLANDO, FLORIDA 32832
Enter new mailing address, if applicable:	14419 DESILU DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	OPLANDO, FLORIDA 32832
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	<b>`:</b>
Name of New Registered Agent: JER	EMY SENDER
New Registered Office Address: 144	4 19 DESILU DRIVE Enter Florida street address
	City Florida 32832 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, Signiture 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MCFR	JEREMY SENDER	14419 DESILU DENE	₹Add
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ffective date, i an effective date is lote: If the date ocument's effec	s listed, the date n inserted in this	aust be specific ar block does not	nd cannot be pr meet the app	licable statutor	ng or more than ry filing requir	<b>(optior</b> 90 days after fi ements, this c	ling.) Pursuant to	o 605.020 e listed a
record specifies is filed.	a delayed effec	tive date, but no	ot an effective	e time, at 12:01	La.m. on the e	arlier of: (b)	The 90th day	after the
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		Signature of a	a member or a	athorized represe	entative of a me	mber		

Filing Fee: \$25.00