LO6000074559

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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S. YOUNG



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: D	LM Lawn Name of Lim	Service L.	LC_
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kenny	eth Joms ly Name of Person	
	DLM	LAWN Service	ce LLC
	3760	Dellwood	RJ.
	Loxalate	hee, FL.	33470
	KJOMS. E-mail address: (City/State and Zip Code KY @ YChoo COV to be used for future annual report not	vification)
For further information	concerning this matter, please ca	all:	
Mark	Gunzalos	at (561, 317	7-1226
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	_		
□ \$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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Compa (A Florida Limited I	Somure LLC 37
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOOO74559</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 7272006 mand assemed
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "L.L.C." 3760 Dellwood Rd Loxahatchae, FL 33470
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3760 Dellwood Rd Loxcholder, F2. 33470
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:)	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 376	O Dellwood Dd. Enter Florida street address Laterel . Florida 33470 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6RM	Christophors Galea	3760 Dellwoop Rd	iX(Add
		3760 Dellwoop Rd Loxalatagee, FZ. 3347	D □Remove
		·	□Add
			🗆 Remove
			🗆 Change
			□Add
		-	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□ Remove
			□ Change

	
Effective dat	te, if other than the date of filing: (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If the c	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document's e	ffective date on the Department of State's records.
, .	
record speci rd is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	-7(23) .2020
	1.11
	
	Signature of a member or authorized representative of a member
7	7 23 2020 MARK Gonzales Typed or printed name of signee

Filing Fee: \$25.00