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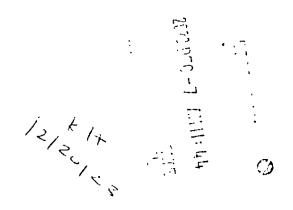
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COVER LETTER

UBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
lease return all correspondence	ondence concerning this matter	to the following:			
	JAMES H COLLIER SR				
		Name of Person			
	COLLIER'S ACCOUNTE	NG SERVICE, INC			
		Firm/Company			
	8812 SHENANDOAH LA	ANE			
		Address			
	HUDSON, FL 34667				
	-	City/State and Zip Code			
	JCOLLI58@YAHOO.COM			: 71	
San Gamban in Commission		to be used for future annual report notifi	ication)	2023 pc0 - 7	r ,, —
of further information (concerning this matter, please c	aH:		J.	
JAMES H COLLIER SE	₹	727 688-3196 at ()			,
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:			- Milling	(
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	

TO:

Registration Section

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

ARTISTIC LAWN CARE LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number L06000075127	ny were filed on 07/28/2006 and assigned
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 Lie Enter new principal offices address, if applicable:	ability Company," the designation "LLC" or the abbreviation "L.L.C."
(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 offic agent and/or the new registered office address here:	re address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

_, Florida __

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
MBR	JAYDE A DELONG	18800 FURMAN DRIVE	
		SPRING HILL, FL 34610	□Remove
MBR	DANIELLE DELONG	18800 FURMAN DRIVE	□Add
		SPRING HILL, FL 34610	□Remove
			□ Change
			□Add
			□Remove □Change
			DAdd 5 ()
			El Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ate of filing: oe specific and cannot be prior to date of filing or mor k does not meet the applicable statutory filing artment of State's records.	(optional) re than 90 days after filing.) Pursuant to 605 requirements, this date will not be list	5.0207 (3)(b) ed as the
he record specifies a delayed effective or ord is filed.	late, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day afte	r the
Dated DECEMBER 5th	2023		
Gulle	gnature of a member or authorized representative o	2	
•	gnature of a member of authorized representative o	f a member	
STEPHEN W DELONG			

Filing Fee: \$25.00