## L06000120295

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (D) (F) (F) (F)                         |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Dis           | ision of Corpo  | rations   |  |  |
|---------------|---|---|--|--|
| SUBJECT:      | <u>Change</u>   | af Busines v<br>Name of Li                      | ume for A and mitted Liability Company Lawn  | A Laun Service and<br>Service and Lundscap   |
| The enclosed  | l Articles of Ar  | mendment and fee(s) are su                      | ebmitted for filing.   |  |
| Please return | all correspond  | ence concerning this matte                      | r to the following:  |  |
|               |   | Roctolfo  | Ala S<br>Name of Person  | 2820 SEP 25 PM 3: 08   |
|               |   | 565 Si  | Firm/Company  Address  | 5 PH 3:  |
|               |   | Quine   | Address  | 8  |
|               | -   | Stina - a                                       | Address    City/State and Zip Code   CUO   NO FMail - (   (to be used for future annual report not | OM<br>ification)   |
| $\overline{}$ |   | erning this matter, please of                   | rall:  |  |
| <u> Hoct</u>  | Name of Pe  | Ct S  | at $(850)$ $951 - 6$ Area Code Daytin  | 11) 2<br>ne Telephone Number   |
| Enclosed is a | check for the f   | ollowing amount:                                |  |  |
| ⊡-\$25.00 F   | iling Fee   | □ \$30.00 Filing Fee &<br>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) |
| Reg<br>Div    | ling Address:<br>distration Sec<br>dision of Corp<br>Box 6327 |   | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T                          | porations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hand A Lawn Service  | and Landscaping LLC   |
|--|---|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li   | y as it now appears on our records.) ability Company)             |
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L06000120 295</u>    | 10/10/20  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liabile.  Alas Lawn Service and Landse                        | rating UC   |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | SEP SEP   |
| (Principal office address MUST BE A STREET ADDRESS)  | 25  |
|  | 2 2   |
|  | ٣. ن  |
| Enter new mailing address, if applicable:  | 是1 8  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 77  |
|  |   |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida street address                                      |
|  |   |
|  | City Zip Code   |

## New Registered Agent's Signature, if changing Registered Agent:

n

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.

Kodolfs Has

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  |
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| ective date, if other than to effective date is listed, the date is lefted in this ument's effective date on the | must be specific and cannot block does not meet the | ie applicable statutory | g or more than 90 da | ( <b>optional</b> )<br>ays after filing.) Pe<br>ats, this date wil | rsuant to 605.020<br>4 not be listed as |
| cord specifies a delayed effects filed.  |   |                         |                      |  | )th day after the                       |
| ed <u>04/93/309</u>  | <u> </u>  |                         | /                    |  |   |
| ·  | Rodolf.   | Alus                    | DWn21                |  |   |
| <del></del>  | Signature of a morphe                               | Tor authorized more ben | tarive of a sumb     |  | <del></del>                             |