L10000092335

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	

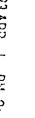




300405916433

04/04/28--01010--0.8 **55.00

2023 APR -4 PM 2: 06



COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Division of Cor	porations				
Banana Riv					
SUBJECT:	Name of Limi	out fablue Communi			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Diana I. Reed				
		Name of Person			
	Banana River Lawns				
	1212 Banana River Dr				
	Address INDIAN HARBOUR BEACH FL32937				
		City/State and Zip Code	2023 APR		
	Dianaredd@aol.com	Only Charle and Pap Code			
	E-mail address: (t	o be used for future annual report notification	<u> </u>		
For further information c	oncerning this matter, please ca	II:	PH 2: 06		
Diana L Reed		321 777-6312			
Name	t Person	at () Area Code Daytime Telepl			
Name o	i i dison	Med code Dayune releji	whe pranted		
Cooleand is a about for th	ha fallawing amount				
Enclosed is a check for the	-	V			
■ \$25,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy	\$60,00 Filing Fee. Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
Mailing Addres	·e•	Street Address:			
Registration S		Registration Section			
Division of Corporations		Division of Corporati	ons		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANANA RIVER LAWNS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1000092335</u>	y were filed on <u>5</u>	ptember 1 2019 d assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	ÿ.		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	 -			
(Principal office address MUST BE A STREET ADDRESS)	···			
		元 元 1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		7. P. O		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Floride	ı street address		
		. Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			

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
MGR	JAMES L. REED	1212 BANANA RIVER DR INDIAN HARBOUR BEACH 32937	⊡Add
		32937	
			□Clunge
			□Add
			□Remove
			□Change
			□Add
<u></u>			Add Add
			□Change
_ 			□Add
			🗆 Remove
			□Change
			□Add
			⊐Rетюче

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee