L13000082991

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)
(Bu	siness Entity Name)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	Office Use Only	



11/19/01-01612-012 +401.00



A. RIVERS

DEC - 8 2021

COVER LETTER

TO: Registration Section Division of Corporations

Byrnes Landscaping LLC

Tallahassee, FL 32314

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	David Bymes				
		Name of Person			
	Byrnes Landscaping LLC				
		Firm/Company			
	982 SW Bellevue Ave				
		Address			
	Port St Lucie, Florida 3495	53			
		City/State and Zip Code			
	bymestandscaping@comca	st.net			
	E-mail address: (to be used for future annual report noti-	fication)		
David Byrnes		772 204-3715 at () Area Code Daytime	e Telephone Number		
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	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 Addre		Street Address:			
Registration		Registration Section			
Division of C		Division of Corporations			
P.O. Box 632	<u> </u>	The Centre of Tallahassee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Byrnes Landscaping LLC					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited 1	iny as it now app Liability Company	<u>ears on our records.</u>) v)		_
The Articles of Organization for this Limited L Florida document number <u>L13000082991</u>	iability Company	were filed on	04/11/2021	and	assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	<u>f the limited liab</u>	ility company	here:		
n/a					
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company." th	e designation "LLC" or th	e abbreviation	"L.L.C."
Enter new principal offices address, if applie	cable:	n/a			
(Principal office address MUST BE A STREI	ET ADDRESS)				
				<u> </u>	<u>,</u>
Enter new mailing address, if applicable:		n/a			
	BANY		<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u>BUA</u>			_	
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	registered office : <u>ss here</u> :	address on ou	r records, <u>enter the n</u>	ame of the	new registere
Name of New Registered Agent:	David Byrnes			•	
New Registered Office Address:	982 SW Bellev			DE STV	
		Enter 1	Florida street address	NT	36
	Port t Lucie		, Fłorida		
		City		Zip Co	de

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, <u>enter the title, name, and address of each person</u> being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	Jacqueline Byrnes	982 SW Bellevue Ave, Port St Lucie, Fl 34953	🗆 Add
			□Change
		<u></u>	🗆 Add
			🗆 Remove
			□Change
			🗋 Add
			⊡Remove
			🗆 Change
	<u></u>		🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
		<u>_,</u> ,,,,,,,,,,,	🗆 Change
			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		·······			
				·	
ctive date, if other the	an the date of fili	11/01/2021 ng:	date of tiling or m	(option	onal) filing) Pursuant to 605 (

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	November 8, 2021
	$\partial i a$
	UUB_U
	signature of a member or authorized representative of a member
	David Byrnes
	Typed or printed name of signee