Office Use Only



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COVER LETTER

MAILING ADDRESS:

TO:

Registrătion Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>New Edge La</u>	wn Care LLC.
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.
The Articles of Organization for this Limited Liability Complorida document number <u>L 1300141897</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRES</u>	1709 26th ave E Bradenton FC 34208
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4709 26th ave e Bradenton FC 34208
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s <u>here</u> :
Name of New Registered Agent:	ren Krier
New Registered Office Address: 470	19 26th ave E Enter Florida street address
Bro	City, Florida 34208 Zip Code
	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> Name 1 **Address** Type of Action Doris A. Musso 5705 Garden Lakes Palm DAdd AMBB Bradenton FC 34203 Remove 4709 26th ave E Change AMBA Lauren hae Krier Bradenton FC 34208 Add □ Remove ☐ Change ☐ Remove Change □ Add □ Remove Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change

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Filing Fee: \$25.00