L14000182283

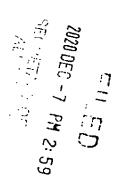
(Requestor's Name)	
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PICK-UP WAIT MAIL	-
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COVER LETTER

	egistration Sec ivision of Corp				
aun man		OW COST LAWNCARE LLO	•		
SUBJECT	`: <u></u> _	Name of Lim	ited Liability Company	,	<u>. </u>
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspoi	ndence concerning this matter	to the following:		
		MARK DELEZENNE			
			Name of Person	l	
		MARKS LOW COST LAY	WNCARE LLC		
			Firm/Company		
		5150 HUTCHINSON WA	Y		
			Address		
		LADY LAKE, FLORIDA	32159		
		MDELEZENNE@YAHOO	City/State and Zip C COM	ode	.
		E-mail address: (to be used for future an	nual report notifi	cation)
For further	information co	oncorning this matter, please co	all:		
DANIELL	E ELLIOTT		352- at (399-0842)	
	Name of	Person	Area Code	Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:			
≡ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	У	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

MARK'S LOW COST LAWNCARE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/25/2014 and assigned Florida document number L14000182283 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARKS LAWN CARE LLC 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: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
-			□Add
			□Remove
			□Change
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	12/02/2020		
ective date, if other than the d	ate of filing:	** FFP 0 00 1	(optional)
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Filing Fee: \$25.00