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COVER LETTER

TO: Registration Section
Division of Corporations

Quic	ek Trimms Lawn Care LLC
50 в.н.ст;	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Frantz Bonnaire
	Name of Person
	Quick Trimms Lawn Care LLC
	Firm/Company
	7500 W. Commercial Blvd Ste # 1119
	Address
	Lauderhill, FL 33319
	City/State and Zip Code
	quicktrimmslawncare@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Frantz Bonnaire	754 778-8089
,	Name of Person
Enclosed is a chec	k for the following amount:
■ \$25.00 Filing	Fee \$\Bigcup \\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

Quick Trimms Lawn Care LLC				
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{10/23/2}{}$	023 and assigned	
Florida document number <u>L15000197</u>				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company." the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7500 W. Commercia	al Bivá	
		Ste # 1119		
		Lauderhill FL 33319) ————————————————————————————————————	
Enter new mailing address, if applicable:		<u></u>		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our recor	ds, enter the name of the new registered	
Name of New Registered Agent:	Frantz Bonnair	re .		
New Registered Office Address:	7500 W. Comn	nercial Blvd Ste #1119		
	Enter Florida street address			
	Lauderhill	C:	, Florida 33319 Zip Code	
		City	гір Соае	

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>	<u>Name</u>	Address	Type of Action
Trustee	Latoya Blue		□Add
		3541 NW 18th Pl Lauderhill FL 33311	= Remove
			□Change
secretary	Brittney Parker		
		780 S Park Rd Apt 7210 Hollywood FL 33021	≡ Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			
			□ Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Note	ctive date, if other than the date of filing:
If the rec record is	ord 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 filed.
	10/25/2023
Date	· · · · · · · ·