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R. HUNT 04/12/20

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations  SUBJECT: Lawn Worx of North Flo LLC  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:	
JUSTIN COLE Monge	
LAW WOX Finn/Company	
1129 SW 170th St	
Newborry, FL 32669 City/State and Zip Code	The second secon
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
JUSTIN MOGE at (352) 339 - 3539  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\sum \text{\$\$\sum \$\$30,00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\sum \text{\$\$\sum \$\$\sum \$\$\cert{\$\$\text{Certified Copy}}\$}{(additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	atus &
Mailing Address:  Registration Section	

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

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

Name of the Limited Liability Companied Liability Companies (A Florida Limited Liability Limited Liability Companies)	th Florida LC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L160002488</u>	were filed on $\frac{2/04/3016}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile.  The new name must be distinguishable and contain the words "Limited Liabili 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)	1129 SW 170th St NEWBERRY FL 32669
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent	Monge Struct address Sport Sport City City Code
New Registered Agent's Signature, it changing Registered regen-	:

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

This	Nama	<u>Address</u>	Type of Action
Title M(1 R	Celena Monac	1129 SW 170th St Newberry, F1 3266	Add
1 1011	<u>Corrections</u>	Newberry, FI 3266	<b>1</b> □Remove
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Signature of a member of authorized representative of a member	Dated 04/05/2023		
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