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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Trev	or Rhoads Lawn Co	ve.LIC	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Trever Rh	Name of Person	
		Firm/Company	
	<u>6309 Biggs (</u>	ST Address	
	Englawbood F	Address Address City/State and Zip Code	
	trow james 1	a) notwo.1. com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Treur Rhy	adS f Person	at (941) 258 - Area Code Daytim	1996 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	. /	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 JUN 10 PM 2: 04
Lightly Klandolf I Aula Car I I C
(Name of the Limited Liability Company as it now appears on old freeords.) \(\text{OF STATE} \) (A Florida Limited Liability Company) \(\text{TALL \(\Lambda \) \(\text{LASSES. FL} \)
The Articles of Organization for this Limited Liability Company were filed on <u>Sept 20, 20 16</u> and assigned
Florida document number LIVOCIT 5820
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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
City , Florida
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

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	Address	Type of Action
AMBR	Alexandria Rhoads	6309 Bisss St.	□Add
		Englewood Fe 34224	Remove
MGR	Alexandria Rhocals	630 9 Bisss 8t	Xdd
	Englander Fr 34224	□Remove	
		[] Change	
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f an effe <u>Note:</u> - l	ce date, if other than the date of filing:
record d is file	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 d.
Dated _	June 1,2623
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00