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(Re	questor's Nam	e)
(Ad	dress)	<u></u>
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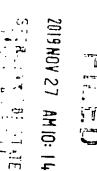
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Harrison's	Laun Maintenance 440 Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Bray	Olley Hayrison Name of Person
Harris	son's Laun Maintenance CCC Firm/Company
<u>6023</u>	Latinger Ave Address
FOA	Address Mycrs, FL 33905 City/State and Zip Code
bradley +	Pharmsons/acongramentenance.com -mail address: (to be used for future annual report notification)
For further information concerning this m	natter, please call:
Brudley Harrison Name of Person	at (234) 560-3146 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$25.00 Filing Fee S30.00 Fil Certificat	ting Fee & S55.00 Filing Fee & S60.00 Filing Fee, te of Status Certified Copy 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

(Name of the Limited Liah (A Flor	bility Compan	y as it now appears of iability Company)	on our records.)		
The Articles of Organization for this Limited Liability	y Company v	were filed on Ol	27 2017	and ass	signed
Florida document number <u>L17000021541</u>	<u>\</u> .				
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liabi	lity company here	:		
NA	- 1, ## f T 161	. 0	The state of the s	11	
The new name must be distinguishable and contain the words "L	amited Liabili		gnation "LLC" or the a	ibbreviation 1.	.IC.
Enter new principal offices address, if applicable:		NIA			<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)			<u> </u>	
					, , , , , , , , , , , , , , , , , , ,
				- n	1)
Enter new mailing address, if applicable:		N/A		A III	2 V (8
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	<u> </u>	5
priming dutiess many pp // 1 OS1 O1 1 CO DOM				F 54	
1 A		ddress on our rec	ords, <u>enter the nar</u>	me of the ne	w registered
New Registered Office Address:		Enter Florida	u street address	<u> </u>	
	NIA		, Florida	NA	
	- ·· ·-	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete _l l agent as p ered office :	performance of m provided for in Ch	ry duties, and I am apter 605, F.S. Or	familiar wi r, if this doci	th and ument is

NIA

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Branzii Harrison	6023 Latimer Ave Ft. Myers	XIAdd
		FL 33905	□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
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	1		□Remove

Page 2 of 3

NIA		on, enter change(s) here: (Attach additional sheets, if necessary.)
•		
	 -	
		
		
		
 .		
ivote: if the da	ie niserieu in this block	te of filing:
the record spe) The 90th d	ecifies a delayed e ay after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: d is filed.
Dated No	vember 24	1 2019
	Bang	inature of a member or authorized representative of a member
	Brand	Typed or printed name of signee