L17000091203

(1	Requestor's Name)		
(.	Address)		
(Address)		
(1	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
	Business Entity Name)		
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Affordable Elik Launs UC
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:
Demetrice Laurendeau Affordable Elite Laures
Firm/Company 19W SE Preston Ln Address
Port St Lucie, FL 34983 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Demetrice Laurendeau at (772) 1020-84910 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affordable File La (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1700091203.	were filed on 495-17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Lixury Elite Lawns LLC The new name must be distinguishable and contain the words "Limited Liabi	<u>.</u>	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NO Change 1190 SE Preston Lie POA ST LLICIE, FL	34483
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No Change-Same a	sabove
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	<u> </u>
	City	Zip Code

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Misty Ward	11910 SE Preston Ln	Add
		11910 SE Preston Ln PAAS+ Lucie, FL 34983	□Remove
			Change
		<u>.</u>	☐ □Add.
			Remove
			□
			On On On One
			□Remove
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effective date is listence of the date inse	her than the date of filed, the date must be specific attribute in this block does no date on the Department of	and cannot be pri of meet the appl	or to date of filing licable statutory	or more than 90 days		.) Pursuant	
ord specifies a de filed.	layed effective date, but r	ot an effective	time, at 12:01 a	a,m. on the earlier o	f: (b) Tł	ne 90th da	ıy aftei
d JUN	<u>e</u> 10	- 205	2).				

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