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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hachado's Jawn Selvice 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:
Darien Hachado Name of Person
Machado's Jawn Selvice.
5811 PORTSMOUTH Dr.
Tampa FL 33615  City/State and Zip Code  Machados lawn Service & Gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
115and1a leon at (613) 6279-0009  Name of Person at (613) Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy tadditional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed)

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Machados la	un selvice.	coper up our rounds	
(Name of the Little)	ted Liability Company as it now app (A Florida Limited Liability Compan	iy)	
The Articles of Organization for this Limited L	iability Company were filed on 1257.	<u> 5   8   30   5</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company	/ here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," il	he designation "LLC" or the	abbreviation "L. I. C."
Enter new principal offices address, if applic	:able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		7
			## - 7 State
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE			
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here:		r the name of the nev
Name of New Registered Agent:	Darien mach		
New Registered Office Address:	5811 POR-158	MOUTH Dr Florida street address	
	<u>Tampa</u>	, Florida _	33 G15 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.

Dawin Machado

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 = Au0	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Tampa FL 33615	D Kemove
			Change
MBR	Darien Machado	5611 portsmouth	<b>X</b> Add
		Dr Tompa Fl 33615	□ Remove
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Filing Fee: \$25.00