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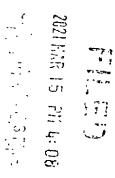


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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			,		
SUD IFOT	Anthony's l	Lawn and Landscape, LLC				
SUBJECT	•	Name of Lin	nited Liability Company		_	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Anthony Vitale				
			Name of Person		_	
		Anthony's Lawn and Land	scape, LLC			
			Firm/Company	<del></del>	2021 	
		1868 Hays Street NW			2021 H3R 15	
			Address			1
		Palm Bay, FL 32907			F3 4: 08	!
			City/State and Zip Code		- * 0	
		anthonyvitale88@yahoo.co			- co	
			to be used for future annual report n	otification)		
For further	information e	oncerning this matter, please c	all:			
Anthony V	itale		321 216-1176 at ( )			
	Name of	f Person		ime Telephone Numb	)er	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	ailing Address		Street Address:	Na akia m		
	egistration S ivision of Co		Registration S Division of C			
	O Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anthony's Lawn and Landscape, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	<u>cords.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on 05/18/2017		_ and assigned
Florida document number L17000110312	<del></del>	·	_ •
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
andworx of Brevard, LLC.		c 5	)f
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable:	1868 Hays Street NW	· .	5: v!
Principal office address MUST BE A STREET ADDRESS)	Palm Bay, FL 32907		ui i
			-0 .94 
		1.100	<u> </u>
nter new mailing address, if applicable:		:1, •	080
Mailing address MAY BE A POST OFFICE BOX)			
······································			
	,		
. If amending the registered agent and/or registered office a	address on our records, <u>en</u>	ter the name o	f the new regi
gent and/or the new registered office address here:			
Name (Nic. D. Caralla	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ada	dress	
		Florida	
	Ciry		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 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

Title	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
			□Change
	<del></del>		□Add
			□Add □ □ □ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet me applicat	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursua ments, this date will no	nt to 605.0207 (3 t be listed as th
he record specifies a delayed effect ord is filed.	ive date, but not an effective tim	ie, at 12:01 a.m. on the ea	rlier of: (b) The 90th (	day after the
Dated March 11	2021	<u>-</u> ·		
11 . / //	الراز الم			
_ #/A//A	Signature of a member or authori	and an agent of the second		

Filing Fee: \$25.00