117000313070

| | (Requestor's Name) |
|-------------|--------------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| | PICK-UP . WAIT . MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified C | opies Certificates of Status |
| Special [| nstructions to Filing Officer: |
| | İ |
| | |
| | Office Use Only |



000375519180

10/25/21--01032--007 **25.00

FILED 2021 OCT 25 PM 3: 06 SECRETARY OF STATE

Y. SCOTT NOV - 5 2UZI

COVER LETTER

| то: | Registration Se Division of Cor | | | | | |
|---------------|--|---|---|--|---|----|
| | | ntal Hands LLC | | | | |
| SUBJE | ©Т: | Name of Limi | ited Liability Company | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | Natalic Yates | | | 20 S | |
| | | | 2021 OCT 25 PM 3: 06 SECRETARY OF STATE TALLARY SEE, FL | 7 | | |
| | | Environmental Hands LLC | | | T 25 | |
| | | | Firm/Company | | PR PR PR PR PR | Į. |
| | | 11453 56th Street Cir East | | | - EE - 3: | ¥, |
| | | | Address | | OS PATE PATE | |
| | | Parrish, Fl 34219 | | | _ | |
| | | kobenum1@gmail.com 0 | City/State and Zip Code | | | |
| | | - - | to be used for future annual report notifi | cation) | | |
| For furt | her information c | oncerning this matter, please ea | all: | | | |
| Natalie | Yates — | | 941 565-7859 at () | | | |
| | Name o | f Person | Area Code Daytime | Telephone Numb | er | |
| Enclose | d is a check for t | he following amount: | | | | |
| ≡ \$25 | 200 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | Filing Fee, cate of Status & cd Copy (at copy is enclosed) | |
| | Mailing Addre Registration Division of C P.O. Box 633 Tallahassec, | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | oorations allahassee : Street, Suite | 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Environmental Hands LLC | | | | | | | |
|---|--|--|----------------------------------|--------------------------------------|--|--|--|
| (<u>Name of the Limited Liai</u> (A Flo | hility Compar rida Limited L | ny as it now appears on our rec liability Company) | <u>ords.</u>) | | | | |
| The Articles of Organization for this Limited Liability Florida document number L17000213070 | y Company | were filed on October 19th 2 | | _ and assigned | | | |
| This amendment is submitted to amend the following | ' | | | | | | |
| | | llita anganaga bagai | | | | | |
| Mays Landscaping LLC | imited nam | mere. | | 2 | | | |
| The analysis of the words " | Limited Liabil | ity Company " the designation "I | LC" or therabbid | viation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | Emmed Liaon | 11453 56th Street Cir East | ALL: | | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | Parrish, Fl 34219 | 12.7 | 25 | | | |
| | | | <u> </u> | | | | |
| Enter new mailing address, if applicable: | | 11453 56th Street Cir East | | 3: 06 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) |) | Pairish, Fl 34219 | | | | | |
| B. If amending the registered agent and/or registe | | address on our records, <u>en</u> | ter the name (| of the new registered | | | |
| Name of New Registered Agent: Na | italie Yates | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| New Registered Office Address: | Parrish, Fl 34219 Stered office address on our records, enter the name of the new registered ere: Enter Florida street address Florida Flo | | | | | | |
| · · | | | | | | | |
| _ | | City | | Zip Code | | | |
| New Registered Agent's Signature, if changing Regist | ered Agent: | | | | | | |
| I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan | d complete d agent as p tered office | performance of my duties provided for in Chapter 60 | , and Lam far 95, F.S. Or, if | nitiar with and `this document is | | | |

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 Type of Action **Address** <u>Name</u> <u>Title</u> _ □Add ______ □Remove □Change mo Change Remove ☐ Change □Remove __ Change □Add □Remove _____ Change Remove _____ □Change

| D. If arhen | ading any othe | r informatio | n, enter c | hange(s) | nere: (Al | асн аааш | | , y nece: | | | |
|---------------------------------|--|--------------------------------------|-----------------------------|-----------------------------------|------------------------------|----------------------------|-----------------------------|--------------------------------|-------------|-----------------------|---------------------|
| - | | | | | | | - | | | | |
| | - | | | | | | • | | | - | |
| | | | | | | | | | | | |
| | | | | | | | | | | | _ |
| _ | | | | | | | | . - | | | |
| _ | | | | | | | | | | | |
| - | | <u> </u> | | | | | _ | | | | |
| - | | | | | | - - - | | | S | 202 | |
| - | <u> </u> | | | ·· | | | | | |) <u>7</u> 1 OC | — — |
| - | | | | | | _ | | | MRY MHA | 7 25 | |
| - | 1 | _ | | | | | | | 338 1013 | 뫉 | |
| - | | | | | | | | | TATE | _ | _ |
| | | | | | | | | | | | |
| | } ! | | | 10/19/2 | 2021 | | | | | | |
| (If anleffe Note: | ve date, if othe ective date is listed. If the date insert ent's effective da | , the date must b ed in this bloc | e specific at k does not | ng: nd cannot be meet the a | prior to date pplicable s | of filing or tatutory fili | nore than 90 ng requiren | (option days after nents, this | filing.) Pu | rsuant to I not be | 605.020 listed a |
| If the record record is file | I specifies a dela | yed effective o | date, but no | ot an effect | ive time, a | t 12:01 a.m | on the earl | ier of: (b |) The 90 |)th day | after the |
| Dated_ | 10/19/2021 | | | | | | | | | | |
| | | | > | | | _ | | | | | _ |
| | | S | ignature of | a member or | authorized | representativ | e of a memb | er | | | |

Filing Fee: \$25.00