## L17000231290

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PICK-UP	☐ WAIT	MAIL
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COVENLETTER
TO: Registration Section Division of Corporations
SUBJECT: Petacy's Lawn Survice, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  D3/26/20 - 0/0/3 - 0/6 450
Please return all correspondence concerning this matter to the following:
Pablo Anselmo archas
Peters's Lavn Sucvice, LLC Firm/Company
22423 Alcom Ava
Post crus 10 the F1 33952 City State and Zip Code
Potons Lown Swelick Smell. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fatima Anguma at 1941; 447-4505  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of

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 AMENDMENTO TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1 - 8 - 17Florida document number L- 17000231280 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: h cuntral laun care be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 athorized Person(s thorized to manage there the title, name, and address of each to on being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
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(II an effe <u>Note:</u> 1	re date, if other than the date of filing:
f the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	Seftember 18th 2020
	Signature of a member or authorized representative of a member
	Publo Angulmo Typed or printed name of signee

Filing Fee: \$25.00