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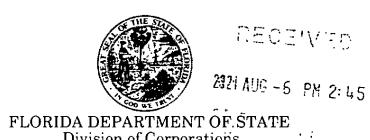
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Division of Corporations

July 27, 2021

ALEJANDRO PICHARDO 1706 E. SEMORAN BLVD STE 103 APOPKA, FL 32703

SUBJECT: YIREH LAWN CARE LLC

Ref. Number: L18000037374

We have received your document for YIREH LAWN CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00017521

Alecia Rivers Regulatory Specialist II

COVER LETTER

| TO: | Registration Section |
|-----|-------------------------|
| | Division of Corporation |

| SUBJECT: | Name of Limit | ed Liability Company | |
|----------------------------|---|---|---|
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subir | nitted for filing. | |
| Please return all correspo | ondence concerning this matter to | o the following: | |
| | ALEJANDRO PICHARDO | | |
| | | Name of Person | <u> </u> |
| | ACCOUNTING CENTER (| OF ORLANDO | |
| | | Firm/Company | |
| | 1706 E SEMORAN BLVD | STE 103 | |
| | | Address | |
| | APOPKA, FL 32703 | | |
| | | City/State and Zip Code | |
| | APICHARDO@ACCOUNT | INGORL.COM | |
| | E-mail address: (to | be used for future annual report noti | fication) |
| For further information of | concerning this matter, please cal | l: | |
| ALEJANDRO PICHAR | DO | 407 574 - 7340 | |
| Name o | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filling Fee | ☐ 830.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

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 OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| New Registered Office Address: | АРОРКА | Enter Florida stree | , Florida 32703 | ip Code C |
|---|----------------------|--|-------------------------|-----------------|
| New Registered Office Address: | | Enter Florida stree | t address | - |
| is amendment is submitted to amend the following formula for the new name of the new name of the new name of the new name must be distinguishable and contain the water new principal offices address, if applications and office address MUST BE A STREE the new mailing address, if applicable: | 1700 C SEMOI | | | |
| | 1706 F SEMOI | RAN BLVD. STE 103 | | |
| Name of New Registered Agent: | ALEJANDRO PICHARDO | | | · |
| | | address on our records, | enter the name of | the new registe |
| | | | | .1 |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) | | | | |
| | | ORLANDO, FL 32824 | | |
| | | 955 TAFT VINELAND | RD. UNIT C | |
| | | | | |
| Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | ORLANDO, FL 32824 | | <u>-</u> |
| | | 955 TAFT VINELAND RD. UNIT C | | |
| e new name must be distinguishable and contain the v | words "Limited Liabi | lity Company," the designation | on "LLC" or the abbrevi | ation "L.L.C." |
| If amending name, enter the new name of | of the limited liab | ility company here: | | |
| is amendment is submitted to amend the foll | lowing: | | | |
| orida document number L18000037374 | · | | | |
| e Articles of Organization for this Limited L | iability Company | were filed on JULY 1, 2 | | and assigned |
| | | | ^~. | |
| | (A Fiorida Ellinica | iny as it now appears on our Liability Company) | | |

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 renjoyed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------|------------------------|------------------------------|-----------------|
| MGR ORTIZ SILVA, MANUEL A | 731 VIRGINIA WOOD LANE | | |
| | | ORLANDO, FL 32824 | ■ Remove |
| | | | □Change |
| MGR | MARTINEZ, SONIA | 955 TAFT VINELAND RD. UNIT C | ≣ Add |
| | | ORLANDO, FL 32824 | □Remove |
| | | | □ Change |
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| Effective date, if other that fan effective date is listed, the date inserted in the date inserted in the date inserted in the date on | te must be specific and ca his block does not mee | innot be prior to da et the applicable | te of filing or more th | han 90 days after fili | ing.) Pursuant to 605.02 | 207 (as i |
| record specifies a delayed ef | fective date, but not an | i effective time, a | at 12:01 a.m. on th | ne earlier of: (b) | The 90th day after the | he |
| | | | | | | |
| d is filed. | | 2021 | | | | |
| d is filed. | | 2021 | | | | |
| Oated JULY I | , , | · | Trepresentative of a | member | | |