<u>L18000070059</u>

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
· 	-	
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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	J. F	IORNE
	1111	- 6 2023
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cros648	NURSERIES And Lawn Core LLC.
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning	his matter to the following:
Den	Name of Pecon
Cross	by J Nurseries and Lawn Care LLC. Firm Company
8-72-9	DL Crashin Lane
Jahlar Acc	City/State and Zip Code Com It address: (to be fixed for future annual report notification)
For further information concerning this matter	r, please call:
Dennis Crosby	at (<u>850</u>) <u>459 - 660 l</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount	;
□ \$25.00 Filing Fee □ \$30.00 Filing Certificate o	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF C	ORGANIZATION , ,)
O	2023 JUL -6
Crosbys Murseriel (Name of the Limited Liability Comp. (A Florida Limited	S And LawnA Core LLC. Inv as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 21, 2,018 and assigned
Florida document number <u>L 1 8 0000 700 59</u> .	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8729 D.L. Crosby Lane Tallahassee FL 32305
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	8729 D.L. Crosby Lane Tallahassee FL 32305
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 8729	7 DL. Crosby Lane Enter Florida street addressor
T. 11	- La cser Florida 32305

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Genry Littleford		□Add
		8729 D.L. Crasky Lone Tallahassee FL. 32305	Temove
			🗆 Add
			Remove
			□Change
			
		□Remove	
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effective date e: If the da	e is listed, the date ite inserted in this	the date of filin must be specific and s block does not to e Department of i	id cannot be prior meet the applic	date of filing of able statutory file	more than 90 days		
ord specifical	es a delayed effe	ctive date, but no	ot an effective t	ime, at 12:01 a.n	n, on the earlier c	of: (b) The 90th	day after th
d Iu	Ly to	2,023					
-1	Ly to	Signature of a	mber or auth	orized representati	ve of a member		
	Dennis						