# 118000092007

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## **COVER LETTER**

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TO: Registration Section Division of Corp.			Filing cancelled due to returned check
SUBJECT:()\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot	Lity Lawn In	novation LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	<u> </u>	D Padilla Name of Person	
	Quality	Luwn Innovation Firm/Company	uc
	2100 A	Altoona Ln Address	
	Delton	GLITY/State and Zip Code	
	E-mall address: (1	Y [AWN in n] JUIT on (	filing.  Swing:  Padillu  Be of Person  Incovidan UC  In/Company  Ind La  Address  Land Zip Code  Minnibutti Grad Mail Com  For future annual report notification)  (386) U79 - 3153  Area Code  Daytime Telephone Number
For further information co	ncerning this matter, please ca	all:	
JOSE Practing Name of	Person	at (386) 679 Area Code Daytim	= 3153 te Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OUTLITY LIWN INTOV (Name of the Limited Liability of (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L1900092007</u>	npany were filed on <u>04/11/2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>
	AY 21
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			<b>⊠</b> Change
AP	Laura A Raminez		
	Elling ages allod		Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific block does no	and cannot be pot meet the app	plicable statuto	ing or more than 9 ry filing requires	( <b>optional)</b> ) days after filing.) P nents. this date wi	ursuant to 605.02 Il not be listed a
e record specifies a delay The 90th day after the re			not an effec	ctive time, at	12:01 a.m. or	the earlier
Dated May 15		<u> 201</u>	8			
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Filing Fee: \$25.00