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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: By The Sea Pavers and Law Name of Limited Liability | ASCapes LLC y Company |
| The enclosed Articles of Amendment and fee(s) are submitted for | filing. |
| Please return all correspondence concerning this matter to the following | owing: |
| Zachary_ | Lamond |
| By the Sea Paver | s and LandScapes LLC |
| 2110 Forbes Rd. | Address 18 |
| St. Augustine FL City/State | = 32092 e and Zip Code ASSET TO AS |
| For further information concerning this matter, please call: | or luttire annual report notification) |
| Zachary Lamond at a | (904) 293-5221 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| Certificate of Status Cer | 00 Filing Fee & S60.00 Filing Fee, rtified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

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

By the Sea Pavers and Landscapes

| (A Florida Limited I | Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company | were filed on June 14, 2018 and assigned |
| Florida document number <u>L 18000147646</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| Old Town Cleaning Services of The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | 2110 Forbes Rd. |
| • • | |
| (Principal office address MUST BE A STREET ADDRESS) | St. Augustine, FL 32097 |
| | |
| Enter new mailing address, if applicable: | 2110 Forbes Rd. |
| (Mailing address MAY BE A POST OFFICE BOX) | St. Augustine, FL 32092 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: | |
| | A C T |
| New Registered Office Address: | Enter Florida street address |
| | Florida ☐ ☐ ☐ ☐ |
| | City Stag Codgo |
| New Registered Agent's Signature, if changing Registered Agent: | ₩ IDA |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete | |

If Changing Registered Agent, Signature of New Registered Agent

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 removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|--------------------|
| <u>Title</u> | Name | Address | Type of Action |
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| f an effective date is listed Note: If the date inser | the date must be specific and cannot be prior to date of in this block does not meet the applicable state on the Department of State's records. | | | |
| | a delayed effective date, but not an efer the record is filed. | fective time, at 12:01 a.m. | on the earlie | er of |
| Dated <u>October</u> | Frank of | | | |
| | Signature of a member or authorized rep | presentative of a member | | |
| | | nd of signee | | |

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Filing Fee: \$25.00