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Division of Cor			
SUBJECT: \\(\int \lambda \)	dolawns LLC	· •	
Jones Ton	Name of Lim	ited Liability Company	
,		:	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William	Nicklous Andrews	<u> </u>
	Yard Col	AWAS LLC. Firm/Company	
	2827 Nei	well Blvd. Address	
	Jackson	City/State and Zip Code	216
	Yard(Olawn) E-mail address; (i	S @ armail . Com	fication)
For further information c	oncerning this matter, please co		
William M	1. Andrews	at (904) 864 - Area Code Daytim	1211
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

VardColawns	LLC.
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on <u>June 25, 2018</u> and assigned
Florida document number <u>L18000154303</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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	ESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	₩ 08 ₩ 08
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
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
AMBR	William Andrews	2827 Newell Blvd.	E Add
		Jacksonville, FL. 32214	□ Remove
			Change
MGR	William Andrews	2827 Newell Blud	D Add
		Jacksonville, Fl. 32216	□ Remove
			Change
			D Add
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cument's effective date	on the Department	of State's rec	ords.					
record specifies a	delaved effectiv	/e date. bu	t not an ef	fective time	at 12:01 a	m on	the ear	rlier
The 90th day after	the record is file	ed.		, , , , , , , , , , , , , , , , , , ,	ut 1 2 .01 u			,,,,
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Filing Fee: \$25.00