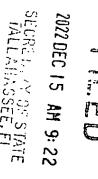
L180015589a

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Oity/State/Zip/Filone #)
PICK-UP	WAIT MAIL
- " -	(Business Entity Name)
	(Document Number)
Tertified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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COVER LETTER

TO: Registration So Division of Cor			
P.Y.P. Law	m Care and Design LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary E. Hobbs		
		Name of Person	
		Firm:Company	
	1926 Caldwell St.		
		Address	
	Hamilton, Oh. 45011		
		City/State and Zip Code	
	Pyplawncare@yahoo.com		
	E-mail address; (to be used for future annual report notification)	
For further information of	concerning this matter, please co	all:	
Mary E. Hobbs		513 306-9891 at ()	
Name o	r Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 15 AM 9: 22

SEURE, ANY OF STATE

TALLAHASSEE

P.Y.P. Lawn Care and Design LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on June	26, 2018	and assigned
Florida document number L18000155892			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florie	a street address	
		Morido	
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a	gree to act in this ca	macity. I further as	eree to comply with th
provisions of all statutes relative to the proper and comple	• /		, ,

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR Mary E. Hol	Mary E. Hobbs	3488 SE 91st PL	□Add
		Ocala, FL 34480	■ Remove
			ClChange
AMBR	Shawn L. Johnson	3488 SE 91st PL	@ Add
		Ocala, FL 34480	[]Remove
Amber,	Somantha R Johnson	3488 SE 915T Place	idadd
,		OMA . P. 34480	iIJRemove
			ClChange
			(DAdd
			[]Remove
			UChange
			□Remove
			ElChange
			□Add
			□Remove

□Change

H amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: if ti	late, if other than the date of filing:
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/07/2022
	11/20 25 E. H.C. C. S. Signature of a member or authorized representative of a member
	Mary E. Hobbs
	Typed or printed name of signee