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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dox	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	





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## COVER LETTER

ΓO:	Registration Sec Division of Corp		8 Z	٠.		
01117		EN MULCH LLC				
SUBJI	C1:	Name of Limited	d Liability Company			
The en	closed Articles of a	Amendment and fee(s) are submi	itted for filing.			
Please	return all correspon	ndence concerning this matter to	the following:			
		TONY PERSICHETTI				
			Name of Person			
		AUBURNDALE BOOKKEI	EPING & TAX sERVICE			
			Firm/Company			
		417 HAVENDALE BLVD				
		<del></del>	Address			
		AUBURNDALE FL 33823	_		2018 F	
		TONYP090394@AOL.COM	City/State and Zip Code			17 E-1
		_	be used for future annual report notific	cation)	(): ():	} •
For fu	rther information c	oncerning this matter, please call	<b>l</b> :			1\ 1
ANTI	HONY PERSICHE	TTT	863 965-1161 at ()		2	
	Name o	f Person	Area Code Daytime	Telephone Number	,	
Enclos	sed is a check for th	ne following amount:				
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

MORE THEN MULCH LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/22/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
MORE THAN MULCH LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "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 registered agent and/or the new registered office address h	office address on our records, <u>ente</u> ere:	r the name of the ine
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	7. 7. 27
	, Florida _	
<del></del>	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:

Type of Action
_□ Add
_□ Remove
_□ Change
_□ Add
Remove
Change
_D Add
_□ Remove
_□ Remove _□ Change
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Cliange
N Remove
_□ Change
□ Add
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			1/22/2019		,		
Effective date, if (If an effective date is	listed the date must	be specific and can	not be prior to da	te of filing or mo	re than 90 days a	otional) fter filing.) Pun	suant to 605.0
Note: If the date	inserted in this bloo	ck does not meet	the applicable	statutory filing	requirements,	this date will	not be listed
document's effect	ive date on the Dep	partment of State	s records.				
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the record spec ) The 90th day	ifies a delayed y after the reco	effective date rd is filed.	e, but not ar	і епесиче и	me, at 12.0	r a.m. on t	ine carner
01/29 Dated		2	2019				
		· -	<del></del>				
\ 1	Peded (	·			of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00