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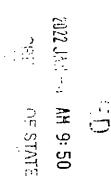
A. RIVERS



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COVER LETTER

Division of Corporations
SUBJECT: Gardening by Lawra LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Laura Bodwell Name of Person
Gardening hy havra Lic
U20 Pent St. Address
Tarpon Springs Fl. 34689 City/State and Zip Code Libod well 3 @ amail. Com E-mail address: (to be used for-future annual report notification)
or further information concerning this matter, please call:
Name of Person at (727) 519-3464 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

TO: Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gardening Ou Law Ta LLC (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 Company were filed on March 29, 2019 and assigned Florida document number L190000 98094
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (020 Pent Street.
(Principal office address MUST BE A STREET ADDRESS) [Principal office address MUST BE A STREET ADDRESS] [Principal office address MUST BE A STREET ADDRESS] [Principal office address MUST BE A STREET ADDRESS]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [1. 341089]
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Address A
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ C'hango

). If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)

14.14.24.24.24.2	
Note: If the date inserted in this block does not me	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(theet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of Sta	tate's records.
the record specifies a delayed effective date, but not a cord is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 28.	2021.
Laura Signature of a m	occupation of a member of a member
Laura J. Bod	Typed or printed name of signee

Filing Fee: \$25.00