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SECRETARY OF STAT

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisio	on of Cor	porations		
U	ndercutter	s Lawn Care & Pressure Wash	ing LLC	
Name of Limited Liability Company				
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Robert Kukar		
			Name of Person	
		Undercutters Lawn Care &	Pressure Washing LLC	
			Firm/Company	
		1929 Amalfi Ct		
			Address	
		St Augustine Florida 3209:	2	
			City/State and Zip Code	
		undercutterspressurewashin		
		E-mail address: (to be used for future annual report no	tification)
For further info	rmation c	oncerning this matter, please ca	all:	
Robert Kukar			904 540-4880	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a cl	heck for th	ne following amount:		
■ \$25.00 Fili	ng 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)
	ng Addres Stration S		Street Address: Registration So	ection
Divis	ion of C	orporations	Division of Co	rporations
PΩ	Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Undercutters Lawn Care & Pressure Washing LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £19000120979	y were filed on 05/03/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Undercutters Pressure Washing LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2023 TA
Enter new mailing address, if applicable:	1929 Amalfi Ct	JAN 20
(Mailing address MAY BE A POST OFFICE BOX)	St Augustine Florida 32092	SSE P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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 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
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			☐ Change
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Filing Fee: \$25.00