L19 000121776

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JUN 1 6 2020

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The	Lord's Vine	Lyard Lawn Care Service ited Liability Company	e L
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John A.	Name of Person	
	The Lord's U	rineyard Lawn Care Service	UC
	5852 His	hon Grave Rd	
	Milton, &	City/State and Zip Code	
		to be used for future annual report notification)	
For further information c	oncerning this matter, please co	all:	
John A.	Thompson f Person	at (890) 869-3972 Area Code Daytime Telephone Number	
Enclosed is a check for the	he 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 of Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration (Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	r レ 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now app iability Company	cars on our re	cords.)			
The Articles of Organization for this Limited Liab Florida document number <u>L1900012</u>		were filed on	5/6/	2019	ar	id assig	gned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne <u>limited liabi</u>	lity company	here:				
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," th	e designation "	LLC" or the	abbreviati	on "L.L.	.c"
Enter new principal offices address, if applicab	le:						,
(Principal office address MUST BE A STREET	ADDRESS)				•••		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				INS.	2920 J	
B. If amending the registered agent and/or registered office address h	istered office a <u>sere</u> :	ddress on our	r records, <u>en</u>	iter the na	Same of the	e new	registered
Name of New Registered Agent:					22		
New Registered Office Address:	-	Enter I	lorida street aa	ldress			
		City	·	, Florida _.		Code	
New Registered Agent's Signature, if changing Reg	istered Agent:						
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete red agent as p zistered office	performance provided for it	of my duties n Chapter 60	s, and 1 ar 05, F.S. C	n familic Fr. if this	ir with docun	and nent is

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John A Thompson	5852 Hickory Grove Ro Milton, FL 32570	<mark>∏ X</mark> ∨dd
			□Change
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(If an ef <u>Note:</u>	ive date, if other than the date of filing: March 1 2020 (optional) feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 28, 2020.
	Signature of a member or authorized representative of a member
	John A. Thompson Typed or printed name of signee

Filing Fee: \$25.00