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COVER LETTER

TO: Registration Se Division of Cor			
	ncare and Home Repair, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hank E. Platt Jr.		
		Name of Person	
	C & G Lawncare and Hon	ie Repair, LLC	
		Firm/Company	
	176 Shadow Oak Circle		
		Address	
	Crawfordville, FL 32327		
		City/State and Zip Code	
	ryalss44@gmail.com	to be used for future annual report not	iffication)
For further information c	concerning this matter, please c	·	to O
Hank E. Platt Jr.		850 566-5488	; ;
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		- 1 - 1 - 1
■ \$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 & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 7	Fallahassee be Street, Suite 810
i unulluosee,		211211111111111	TO CHEST DATE OIL

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & G Lawncare and Home Repair		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recortied Liability Company)	rds.)
he Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
lorida document number L19000200982		
his amendment is submitted to amend the following:		Fn
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
. If amending the registered agent and/or registered off	ice address on our records, <u>ente</u>	r the name of the new register
gent and/or the new registered office address here:		
Name of N. or Davidson I. Accord		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christina Platt	176 Shadow Oak Circle, Crawfordville, FL 32327	= Add
			□Remove
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an effective date is listed, the date must be specific and c				(optional)	1	
Note: If the date inserted in this block does not me document's effective date on the Department of States.	et the applicable	ate of filing or me e statutory filin	nore than 90 d ng requireme	lays after filing ents, this date	.) Pursuant to 605.0 will not be listed	0207 (d as t
record specifies a delayed effective date, but not a d is filed.	n effective time,	, at 12:01 a.m.	on the earlie	er of: (b) Th	he 90th day after	the
Dated June 15	2020					
Dated Hank & Platt St. Signature of a me	ember or authorize	ed representative	e of a member			
Hank E. Platt Jr.		r				

. . .

Filing Fee: \$25.00