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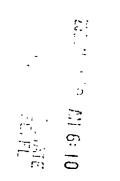
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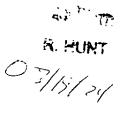
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sam's Quick	Cut Lawn Service LLC
The enclosed Articles of Amendment and fee(s) are	submitted for filing
Please return all correspondence concerning this ma	atter to the following.
Tiffeny	Taylor-Stansell Name of Person
	Firm/Company .
10926 K	ey Colony Court
Jackson	Address Sity/State and Zip Code
t. Clany Lay	lor Stansell Damail.com ess (to be used for future annual representation)
For further information concerning this matter, plea	se call:
Tiffany Taylor - Stans	at (904) 312-1298 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigci \\$30,00 Filing Fee & Certificate of Statu	
Mailing Address:	Street Address: Description Section

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

The Articles of Organization for this Limited Liability Company were filed on <u>D8 | 27 | 2019</u> and assigned Florida document number <u>L 19000 218 4 11</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: litan The new name mus De distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) \Box 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to da	(option ate of filing or more than 90 days after fi	ial) ling) Pursuant to 605 0.
te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records	statutory filing requirements, this c	late will not be listed
record specifies a delayed effective date, but not an The 90th day after the record is filed.	n effective time, at 12:01 a.i	m. on the earlier
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red March 9th 2024	1	
	lh	
Julia Jal - Atems	d representative of a member	

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Filing Fee: \$25.00