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(Re	equestor's Name)	
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## . COVER LETTER

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: Drie	es Fireball Name of Limit	Express LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	_Christop'	ner Dries Name of Person		
		Firm/Company		
	4150 Lour	Address		2023 H
	Wesley Cha	pel Fl 33543		2023 HAY 1.7 P.H.12: 4.0
	diesd222 E-mail address: (	© 1000.Com to be used for future annual report notif	ication)	PH 12: 4
For further information c	oncerning this matter, please ca	all:		0
Christoph Name o	per Dries  Person		C Telephone Number	
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is e	atus &
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dries Fire bal E	x oress LLC npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1900024(do89</u> .	any were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li  CEN LOWN Service &  The new name must be distinguishable and contain the words "Limited Li	Landscapina LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4150 Loury Dr Wesley Chapel, Fl 32543
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4150 Loury Dr 33543
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: Chr	istopher Dries
New Registered Office Address:	Enter Florida street address
West	ey Chape , Florida 33543

## 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 Type of Action Title Name **Address** Novalee Drexler 4150 Loury Dr PAdd
Wesley Chapel, Fl □ Remove AMBR AMBR Christoper Granisterent dries □ Change □ Remove Change □Add ☐Remove \_ □Change \_\_ 🗆 Add **□**Remove \_ □Change

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record : Lis filed		ayed effective	date, but not	an effective	time, at 12:0	1 a.m. on th	e earlier of: (	b) The 90th	day after	r the
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