L19 000 249653

(Req	uestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Land Shark Lawn Service LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trevor Olson Name of Person
Land Shark Lown Service Lic Firm/Company
4235 Sea Mist Dr.
NSB, FZ 32169
NSB, FZ 32169 City/State and Zip Code TYEVOV 0150 n @ CFC-17 CO m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trevor 0/50n an 407, 461-4666
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status & Certificate of S

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	WN	Ser	VICE	LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now ability Com	appears on (ipany)	our records.)			
The Articles of Organization for this Limited Liability Company we Florida document number 41900249653	vere filed	on/	0-3	<u>19</u> a	ınd assi	igned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ity compa	any here:				
The new name must be distinguishable and contain the words "Limited Liability	y Company.	," the designa	ation "LLC" or t	he abbreviat	l.,l" noi	C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Forton many and Time and I are 100 and						
Enter new mailing address, if applicable:			 -			
(Mailing address MAY BE A POST OFFICE BOX)		 ·				
B. If amending the registered agent and/or registered offi	ce addre	ess on our	records, en	iter the n	22 13 10 10 10 10 10 10 10 10 10 10 10 10 10	of the new
registered agent and/or the new registered office address here:			_	7.75	10V 21	
Name of New Registered Agent:					-	
New Registered Office Address:				· <u>·</u>	φ. - -	
	Ent	er Florida str	eet address	571	7	
			, Florida	ı		
	City			Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:						
hereby accept the appointment as registered agent and agree	to act in	this capac	ity. I further	agree to	compl	v 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>	<u>Address</u>	Type of Action
MBR	Trevol Olson	4235 Sea Mist Dr. NSS. FL 32169	Add
		NSS. FL 32169	☐ Remove
			Change
			D Add
			Remove
			☐ Change
			D Add
			□ Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated $\frac{No\sqrt{1-2019}}{\sqrt{1-2019}}$.
Signature of a member or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00