L19000261663

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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Wright Way Landsc Name of	aping and Preser Vation Limited Clability Company
The en	iclosed Articles of Amendment and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
		Jason Wright Name of Person
	Wright wa	y Landscaping and Preservation Firm/Company
	1317 Edge W	wter Dr. 井 312 Address
		FL 32804 City/State and Zip Code
	info@wrightway	ss: (to be used for follure annual report notification)
For fur	rther information concerning this matter, pleas	se call:
	Name of Person	at (<u>407</u>) <u>607 - 0222</u> Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
□ \$2	25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, See Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	Street Address:
	Registration Section	Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee FL 30314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wright Way Landscaping and Preservation

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900261663</u>	were filed on $\frac{11/o1/2019}{2019}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	3400 Forsyth Rd. = = =
(Principal office address MUST BE A STREET ADDRESS)	unit 334
	winter Park, FL 32792
Enter new mailing address, if applicable:	4728 Walden Civ.
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 13.13 Orlando, FL 32811
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 4728 ω	Valden Cit. 401, 1313 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.

If Changing Registered Agent, Signature of New Registered Agent

Florida 328 11
Zip Code

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>	Address	Type of Action
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an effective date is listed, the date mus	t be specific and	cannot be prior t		more than 90 day	s after filing.)	
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