## L19 000 303317

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	<del>-</del>

Office Use Only



300348550123

07/2:/20 -01605--027 \*\*25.80

RECEIVED

OF BILLIA OF STATE

AUG 0 2020 D CUSHING

## **COVER LETTER**

TO:	Registration Section Division of Corpor		·			s <sub>k</sub> ≠	•		
SUBJE	сст: <u>С</u>	Thoma	transp Name of Limi	ted Liability	Service S Company	LIC	_		
The en	closed Articles of Am	endment and f	ee(s) are sub	mitted for fi	ling.				
Please	return all corresponde	nce concerning	g this matter	to the follow	ving:				
		_	Frederic	Name	Calhu≁ of Person	5p		-	
	,		Calhon	Firm/	<del>دید عمر</del> Company	trincis L	رد	-	,
			3619	<i> 5₩</i> <	dress				20 JUI
			Brusent	on FL	ろ <mark>リンテ</mark> and Zip Code				<u>ت</u>
	-	Е-п				<u>လုံ / (ဂက</u> i report notific	ation)		MIT: 15
For fur	ther information conce	erning this mat	ter, please ca	all:					بار الله الله الله الله الله الله الله الله
	Frederice M. Caho. Name of Per	son		at (_^	rea Code	713 - 447 Daytime T	Selephone Number	<u> </u>	
Enclose	ed is a check for the fo	ollowing amou	nt:						
<b>√</b> \$2.	5.00 Filing Fee [	□ \$30.00 Filin Certificate		Certi	0 Filing Fee fied Copy onal copy is en		Certified	ite of Status &	
	Mailing Address:	rio <b>n</b>			Street A	ddress:			

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

Service 3 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 196033317 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SENTE Sons Lawn The new name must be 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) 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 , Florida City

## 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
MGA	Fornest College Jr.	364 1995 Street Part	[\$\forall Add
		Bradeston FL 34202	□Remove
			□ Change
MGQ	Charles Culton	1526 18th St. east	CFAdd
		Brainerson FL, 34208	□Remove
		<del></del> -	□ Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

							<del>.</del>	<del></del> .
							-	_ <del></del>
							<del></del>	
-				_		-	<del></del>	
	<del></del>		<del>-</del>	<del></del> .				
						<del></del> .	<del></del>	<del> </del>
			<u>-</u>			<del>_</del>		<del> </del>
							<u> </u>	
_	<del></del>			<u> </u>				<u> </u>
				-				
		·	<del></del>	·			_	
	<del></del>	<del></del>						· · · · · · · · · · · · · · · · · · ·
<u>e:</u> If th	date, if other te date is listed, the date inserter s effective dat	d in this bloc	k does not m	eet the applic	cable statutory	or more than 9 filing require	<b>(optional)</b> 0 days after filing. ments, this date	) Pursuant to 605.02 will not be listed
ord spe								e 90th day after th
	A FC	Jay	, 41h.	2°3√	·			
ed	<u> </u>							
ed	940		· · · · ·					

Filing Fee: \$25.00