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COVER LETTER

SUBJECT: Flow To The Mow Lawn and Pressure Washing Servi	(1) 2.
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:	
Rodney Townsend Jr. Name of Person	
Flow to the Mow Lawn and Pressure Washing Service	10
4745 Playschool Drive	
Jackson VIII Florida 32210 City/State and Zip Code	
CVach relzy @ icloud.com	
For further information concerning this matter, please call:	
Rodney Townsind Jr at 904, 755-9734 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Company (A Florida Limited Lia	awn and Presoure Washing was it now appears on our records.) While Company	Servic LLC
The Articles of Organization for this Limited Liability Company w Florida document number $2000000000000000000000000000000000000$	vere filed on January 15, 20 2 band assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>		_
The new name must be distinguishable and contain the words "Limited Liability		_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SECR. IA	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9 AH 9: 30	- - -
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new regist</u>	<u>ered</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	-
	, Florida	_

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. Thereby 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>	Name	Address	Type of Action
AMBR	Tamara Jamio	4745 Playschool Drive	□Add
		Jacksmyille, Florida 375	,
			□Change
AMBR	Rodney S. Townsend	4745 Plajschool Drivi Jocksmyille, Florida 38	_ tz/Add
	, 111	Jacksmyille, Florida 3 a	<u>L</u> 0□Remove
			Change
AMBR	Kamauri Townsend	4745 Playschool Drive	
	•	Jackson ville, Florida 32	
			🗆 Change
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ocument's effective date on the Depar	tment of State's recor	us.			
record specifies a delayed effective da	te, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)) The 90th day :	after the
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Filing Fee: \$25.00