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(Re	questor's Name)	
(Ād	dress)	
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(Cit	:y/State/Zip/Phone #j	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co	rperations		
SUBJECT:	LargeMouth (Custom Smokers LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	buritted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #1320	
		Address	
	•	Houston, TX 77046	
		City/State and Zip Code	,
		fo@legaicorpsolutions.com	
		(to be used for future annual report no	dication)
For further information of	concerning this matter, please of	ail:	
Sonia B	есетъ	st (0450
Name (of Person	Area Code Daytin	ne Telephone Number
Buckesed is a check for t	he following amount:		
52 \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy in exclused)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810
		Tallahassee, FI	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LargeMouth Custom			
(Name of the Limited Lability Commerce (A Florida Limited Lia	na it now amount follity Company)	a ou del lacoldy)	
The Articles of Organization for this Limited Liability Company w Florida document number	rere filled on	01/29/2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lightly	ty сошраву he	ie:	
Largemouth Lawn care LLC		•	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	22 Red	dward Run Loop	
(Principal office address MUST BE A STREET ADDRESS)	Ocal	a, FL 34472	
Enter new mulling address, if applicable:	. —	dward Run Loop a, FL 34472	7 20 4 1 2 3
Mailing address MAY BE A POST OFFICE BOX)	, 000.	7	
B. If amending the registered agent and/or registered office adengent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	dress on our re	cords, <u>enter</u> the name	9
	Enter Flori	da street address	
		, Florida	
,	City		Zip Code

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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

X II 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
			DAdd
			Ramove
			Change
			Add
			Remove
			Chenge
			DAdd
			TRemove
			(Clainge
			DAdd
			🗆 Ramove
			[] Change
			🗆 Add
			CRamove
			Change
			□Add
			Прешоче

Change

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gte:	tive date, if other than the date of filing: ———————————————————————————————————
	rd specifies a delayed effective data, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ited.
ted	Morch 5 , 2024 .
	X Signature of a member or authorized representative of a member
	Ohris Edwards