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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Anthony	Saulsberry La Name of Limi	nd Scaping LLC ited Liability Company	·		
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
-	Anthony Sai	ulSberry Name of Person			
-		Firm/Company			
-	2401 W. R	Slount St			
_(	Inthony Sauls	32505 City/State and Zip Code O'rry 1982 2 gm/a.l. Co o be used for future annual report notific	i OM cation)		
For further information conce					
Anthony SayIst Name of Per	oerry son	at ( <u>850</u> ) <u>637-6</u> Area Code Daytime	940 Telephone Number		
Enclosed is a check for the fo	llowing amount:				
☐ \$25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Sect		Street Address: Registration Sect			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			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 as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\underline{March} \approx 6.2020$ and assigned Florida document number $\underline{L26000090294}$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Anthony Saulsberry Landscuping and Logistics LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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 register agent and/or the new registered office address here:  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 th

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
			□Add
			□Remove
			Change
			□ Add
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			□Remove
			□ Change

Signature of a member or authorized representative of a member

Saulsberry