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Division of Corporations YARDWORK PROFESSIONAL LLC SUBJECT: 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: Simon Corser Name of Person Yardwork professional LLC Firm/Company 14651 Black Cherry Trail Address Winter Garden, Florida 34787 City/State and Zip Code Professionalyardwork@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Simon Corser Daytime Telephone Number Name of Person 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 & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION OF

YARDWORK PROFESSIONAL YARDWORK LLC

(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 | March 30, 2020 and assigned |
|---|--|
| Florida document number 1.20000092458 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company | here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," the | ne designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 2021 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| | |
| B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here: | r records, <u>enter the name of the new reg</u> i |
| Name of New Registered Agent: | |
| New Registered Office Address: | Florida street address |
| Enter | riorida 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 wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Actio |
|------------------|--------------|------------------------------|---------------|
| MGR Simon Corser | Simon Corser | 14651 Black Cherry Trail | ■Add |
| | | Winter Garden, Florida 34787 | □Remove |
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| (If an effective date Note: If the dat | if other than the date of filing: |
| ne record specifie ord is filed. | s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| Dated | June 17th . 2020 |
| | Signature of a member or authorized representative of a member |
| Simo | on Corser |
| | Typed or printed name of signee |