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SUBJEC	WEST BO	CA LAWN, LLC					
SUBJEC	1; <u></u>	Name of Lin	nited Liability Company	 _	-		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please reti	urn all correspo	indence concerning this matter	to the following:				
		JEFF HARRINGTON					
			Name of Person				
		HARRINGTON LEGAL	ALLIANCE				
			Firm/Company				
		311 GOLF ROAD #1200					
			Address			~	
WEST PALM BEACH, FLORIDA, 33407						2021 NOV 29	
			City/State and Zip Code			2	ا ا
		jeff@myhlaw.com			in.	á	j
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	fication)	[323] [SES]	PK 3:	, sau
JEFF HA	RRINGTON		561 517-9059			: 0 7	
	Name o	f Person		Telephone Numb	per	_	
Enclosed i	is a check for th	ne following amount:					
☐ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fi cate of S ed Copy nal copy is	Status &	
K	<u>failing Addres</u> Registration S	Section	Street Address: Registration Sec				
Division of Corporations P.O. Box 6327			Division of Cor	porations			
	allahassee, I		The Centre of T 2415 N. Monroe		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST BOCA LAWN, 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 03/31/2020 and assigned Florida document number <u>L20000093340</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WEST BOCA LAWN, 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: 3 (Principal office address MUST BE A STREET ADDRESS) 11 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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ted November 19	Signature o	of a member or authori	zed representative	of a member			

Filing Fee: \$25.00