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## COVER LETTER

**Registration Section** 

**Division of Corporations** 

TO:

SUBJECT: Shark Coast Lawn Care, LLC 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:
Britany Kammerer  Shark Coast Lawn Care, LLC  Firm/Company
7045 Crock Ave
City/State and Zip Code  MOW @ Shark coast awas. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesse Kammuner at G41 539 - 1524  Name of Person at G41 Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee,
Certificate of Status  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## TO 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 Co	ompany were filed on OL	1/02/2020	and assigned
Florida document number L20000940	<u>1</u> .7 +		
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 designation "LLC" or the abbreviation "L.L.C."  Conter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)			
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" of the new principal offices address, if applicable:  erincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:    Calling address MAY BE A POST OFFICE BOX)   Calling address MAY BE A POST OFFICE BOX)   Calling address on our records, enter the name of the new register.			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		···	2020
(Principal office address MUST BE A STREET ADDRE	<u>ESS)</u>		
	<del>-</del> · · · -		
			星门
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	···	· · · · ·	
New Registered Office Address:	or registered office address on our records, enter the name of the new register dress here:		
	Enter Florid	da street address	
	——————————————————————————————————————	, Florida	7: 0 1
	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Jesse Kammerel	7045 Crock Ave	Add
		NOGTH PORT FL 3429	Remove
			□Change
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