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| (1 | Requestor's Name) | | |
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| (Address) | | | |
| (, | Address) | | |
| (1 | City/State/Zip/Phone #) | | |
| ☐ PICK-UP | ☐ WAIT ☐ MAIL | | |
| ((| Business Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
| J. HORNE ^{EEB} 2 4 2023 | | | |

Office Use Only



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COVER LETTER

| Division of Cor | | | |
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| SUBJECT: Lee's | Hoe Serviceau | JUNK REMOVAL 114 | پر |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Caleb Le | Name of Person | |
| | | Name of Person | |
| | Lee's tree se | Firm/Company | Lewist IC |
| | | | |
| | S SO NONE | h devis lane | |
| | | Address | |
| | <u>Vefuniak S</u> | City/State and Zip Code | |
| | | to be used for future annual repor | |
| | E-mail address: (| to be used for future annual repor | t notification) |
| For further information co | oncerning this matter, please ca | all: | |
| Lules L | 20 | at (SO) 7 | 13-36/2 |
| Name of | Person | Area Code D | aytime Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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| RGANIZATION F WOWN // L The property of our records.) Tability Company) |
| lability Company) |
| were filed on $4-14-2020$ and assigned |
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| lity company here: |
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| ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| 530 North Davis Lane |
| Defunich Spring FL |
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| ddress on our records, enter the name of the new registered |
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| Enter Florida street address |
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| |

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

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> | Address | Type of Action |
|--------------|-------------|------------------------------------|----------------|
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| / | / | Donifa, FL 32433 | Remove |
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| Note: | tree date, if other than the date of filing: |
| f the record | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated _ | 2-24-2023. |
| | Signature of a member or authorized representative of a member |
| | Caleh Lee |