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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TURF GUYS LAWN MAINTENANCE LLC

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0.6174.048

JUN 25 2020

RECHIVED MILLSON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 220 July 24 Pil 2: 21

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000124388</u> .	were filed on 05/07/2020 and assigned		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3001 SW 24th Ave		
Principal office address MUST BE A STREET ADDRESS)	Apt 1212		
Trincipus office data eso frees. 12.100	Ocala Florida 34471		
y discontinue of annihimation	3001 SW 24th Ave		
Enter new mailing address, if applicable:	Apt 1212		
Mailing address MAY BE A POST OFFICE BOX)	Ocala Florida 34471		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the name of the re:  Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and t am jamitiar with and provided for in Chapter 605, F.S. Or, if this document		

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 = M $AMBR = A$	lanager uthorized Member	2828 JU 121, 1811 6	21 Type of Action	
<u>Title</u>	<u>Name</u>	Address Address	2   Type of Action	
AMBR	FRUEH, NICHOLAS	3001 SW 24th Ave Apt 1212	🗖 Add	
		Ocala, Florida US 34471	Remove	
			☐ Change	
			D Add	
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			Change	
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fective date, if other than the n effective date is listed, the date muster: If the date inserted in this blocument's effective date on the D	ock does not meet the appl	icable statutory filing	(optional) e than 90 days after filing.) Pursu requirements, this date will n	ant to 605.020 of be listed a
record specifies a delayed The 90th day after the rec	d effective date, but r		ne, at 12:01 a.m. on th	ne earlier (
06/24	2020	)		
$\sim$		thorized representative of		

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Typed or printed name of signee

Filing Fee: \$25.00