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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Aesthetic Lawn Case FULLC 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:
Dianne Soto Escober Name of Person
Aesthetic Laun Care FL LLC Firm/Company
4915 Court St. Address
Zephyrhills FL 33541 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dianne Soto Escobar at (813) 696 - 4298  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

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

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

Aesthetic Lawn Co	are FL LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compartion document number <u>L 2000/165/333</u> .	ny were filed on <u>Jone</u>	2 15, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited limit $N/A$	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDRESS)		7020
	<del> </del>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u></u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N/A_	
New Registered Office Address:	P . P . 1	
	Enter Florida str	
	City	Florida 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

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
<u>AMBR</u>	Jovanni Jimenez	9041 Allen Cir Tampa FL. 33615	□Add
		Tampa FL. 33615	[ <b>V</b> Remove
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## Page 2 of 3

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Filing Fee: \$25.00