LZO 000/8005Z

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	7)
		—
☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only

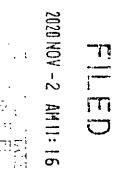


600347726366

07/23/20--01023--019 **35.00

RECEIVED

JUL 1 6 2020



R. I do maj

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	E. LAWNS Name of Limit	LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	STEVE	Name of Person	
		E. LAWNS LLC Firm/Company	
	36/8	TREE GNE WA	<u> </u>
	SAINT (City/State and Zip Code	4769
	SELAW.	o he used for future annual report notif	ication)
For further information c	concerning this matter, please ex	all:	
STEUE/ Name o	N ELLENS of Person	at (<u>407</u>) <u>452</u> Area Code Daytimo	- 9246 Telephone Number
Enclosed is a check for t	he 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

5.E. L	AWNS LO	<u> </u>			
(Name of the Limited I	Jability Company as Jorida Limited Liabil	ity Company)	r recorus.)		
The Articles of Organization for this Limited Liabil		e filed on <u>6, 2</u>	6,2020	and assi	igned
Florida document number <u>LZ0000/80</u>	052				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability	company here:			
The new name must be distinguishable and contain the words	s "Limited Liability C	Company." the designati	on "LLC" or the a		1C."
Enter new principal offices address, if applicable				2020 NO	
(<u>Principal office address MUST BE A STREET A</u>	(DDRESS)				1 [
	-		, <u>.</u> ,		
Enter new mailing address, if applicable:	_	<u> </u>		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> _			-= 6	
	_				
B. If amending the registered agent and/or registered affice address h	stered office add ere:	ress on our records	s, <u>enter the nar</u>	ne of the ney	v registerec
Name of New Registered Agent:	STEVEN	ELLERS		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	36/8	TREE LINE Enter Florida stre	WAY		
-	SAINT	ELLERS TREE LINE Enter Florida stre CLOUD City	, Florida	3476 Zip Code	9

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>	Address	Type of Action
AMBL	STEVEN ELLEN	36/8 TREE LINE WAY SAINT CLOUD FL, 34769	🗹 Add
			Remove
			□Change
			🗆 Add
			□Remove 0200 □
			Remove Remove Add AH Remove
			Ed □Remove Ghange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Flor

EIN	NUMBER	85-1733	344		
·			·		
				-	
<u> </u>					
			-		
					
		· · · · · · · · · · · · · · · · · · ·			
			<u> </u>		
					2020 NOV
					2. 2.
					<u>_</u>
					₽
		. <u>.</u> .		7	=
				<u> </u>	
				- '1	O1
		<u> </u>			-
ctive date, if other	than the date of filin	g:d cannot be prior to date of fil		(optional)	
ffective date is listed, th	ie date must be specific and	d cannot be prior to date of fil meet the applicable statute	ing or more than 90 day	is after filing.) Pursu teathic date will n	iant to 605 or be list
ment's effective date	on the Department of S	State's records.	ry ming requiremen	is. (ms dute min i	0,000
ord specifies a delaye	d effective date, but no	t an effective time, at 12:0	1 a.m. on the earlier	of: (b) The 90th	day afte
filed.					
d_10,19,0	2020	,·			
	Stu	El-		<u></u>	
	Signature of a	member or authorized repres	entative of a member		

Filing Fee: \$25.00