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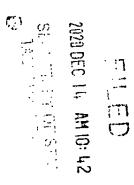
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### **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJE		TOTAL LANDSCAPING AN	D MAINTENANCE LLC	
3000	V.1.	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		DUSTIN GOLLOPP		
		·	Name of Person	
		MY YARD TOTAL LANI	DSCAPING AND MAINTENANCE	LLC
			Firm/Company	<del> </del>
	P.O. BOX 1226			
		•	Address	
		LEHIGH ACRES, FL 339	70	
		MYYARDONEWAY@GM	City/State and Zip Code IAHCOM	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please c	all:	
DUSTI	N GOLLOPP		786 5607496	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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**

#### MY YARD TOTAL LANDSCAPING AND MAINTENANCE LLC

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Companies of Organization for this organization for the Organization for this organization for the	s of Organization for this Limited Liability Company were filed on JULY 8, 2020		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L	J.C" or the abbreviation "L.J. C."	
Enter new principal offices address, if applicable:	N/A	)20 <b>0</b>	
Principal office address MUST BE A STREET ADDRESS)		5 6 1	
Enter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE BOX)		. £	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, <u>ent</u>	ter the name of the new registe	
New Registered Office Address.	Enter Florida street address		
	·	Florida	
<del> </del>	Cin <sup>i</sup>	Zıp Code	

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
MGR	BERNARIXO, AURELIANO	920 ALABAMA RD SOUTH	□Add
		LEHIGH ACRES, FL 33974	■Remove
			☐Change
			□Add
		······	□Remove
			☐Change
			□Add
			Remove
			Change
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			Remove
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Effective date, if other than the date of filing:  12/08/2020  (optional)  (fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date of the properties a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the distilled.  Dated  DECEMBER 8  2020  Spentfüre of a member or authorized representative of a member  DUSTIN GOLLOPP	N/A 		<del></del>	
Effective date, if other than the date of filing:				
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DUSTIN GOLLOPP		ignature of a member of authorized	representative of a member	
Typed or printed name of signee	DUSTIN GOLLOPP			

Filing Fee: \$25.00