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COVER LETTER

TO:

Registration Section Division of Corporations

TEAM METELUS LAWN SERVICES LLC SUBJECT: _ 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: ROBENS METELUS Name of Person TEAM METELUS LAWN SERVICES LLC Firm/Company 2467 SW CAMEO BLVD Address PORT SAINT LUCIE, FLORIDA 34953 City/State and Zip Code ROBENSM05@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBENS METELUS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM METELUS LAWN SERVICE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecoras.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000204367}{L20000204367}$	were filed on <u>07/03/2020</u>	7/K/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
GOOD TO GO LAWN SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
		DEC.
		DE.
Enter new mailing address, if applicable:		f. 2
(Mailing address MAY BE A POST OFFICE BOX)		
Stating utatess SIAT III. A 1 OST OFFICE HOAT	•	=======================================
		 သ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag- 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 dutie provided for in Chapter (s, and I am familiar with and 505, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
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