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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: BOS	tic Lawn	Senices, UC ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	Bostic	Lawn Service Firm/Company	(e), LLC
	5241 We	St Hillsboro R	5/vd #108
	Coconut	CIECK FL 3	3073.
		boshco amai	
For further information cor	ncerning this matter, please co	all:	
Lynea Name of I	Boshc	at Area Code) Baytime	- 8282 Telephone Number
Enclosed is a check for the	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:		Street Address:	

Mailing Address:
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

Rostic Lawn Senices, LLC

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 10,2020 and assigned Florida document number <u>L 2 0000 242 017</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

City

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	Jimmy Bostic	5241 West Hillshow Blvc	<mark>1.</mark> □Add
	,	#108	[]Remove
		Coconut Creek, FL 330	73 (TChange
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			□Remove
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ctive date, if other than effective date is listed, the date e: If the date inserted in thi ment's effective date on the	must be specific and cannot be s block does not meet the	applicable statutory filir	(optional nore than 90 days after filing requirements, this day	ig.) Pursuant to 605.02
ord specifies a delayed effe filed.	ctive date, but not an effec	rtive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
ed January 5,	\mathcal{A}			
		or authorized representativ	of a manhar	