## 120000243174

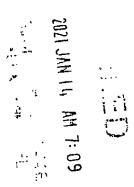
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Office Use Only



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O SIMMONS FEB 22 2021

## **COVER LETTER**

Division of Corporations		
SUBJECT: Powe 11'5 All Name of	Asound Landscaping 11	
The enclosed Articles of Amendment and fee(s) are	submitted for filing	
Please return all correspondence concerning this mat		
Terrence	Pour Scanne of Person	
Powell's All.	Around Landeraping IIC	
928_Ing.	les. de fre	
Jallahassee	E F 32303 City/State and Zip Code	
Trough Te-mail address	200 gmal. com ss (to be used for future annual report notification)	
For further information concerning this matter, pleas	se call	
Terrence Powell Sx Name of Person	at ( <u>ASO</u> ) <u>(949028</u> Area Code Daytime Telephone Number	
Enclosed is a check for the following amount		
\$25 00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$55 00 Filing Fee & ☐ \$60 00 Filing Fee.  Certified Copy (additional copy is enclosed)  ☐ \$60 00 Filing Fee. Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

	Or
Poue 1's All Aca	2021 JAH 14 AH 7: 09  The Company as it now appears on our records 1  Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L20000243174</u>	ompany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Power 15 All Around Land The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Scaping LLC  ited Hability Company, "the designation "LLC" or the abbreviation "LLC"  828 Ingles de Ave GP12
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	728 Ingleside Lue aft2 Tallahorsee Fl 32303
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	foffice address on our records, <u>enter the name of the new registered</u>
90	Cence Powell Sc
New Registered Office Address:	1 1 1916 G. de ALC CAT L  Emer Florida street address
Tai	Cate Florida 32303

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		1 - m 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Title	Name	Address 2021 JAH 14 AM 7: 09	Type of Action	
MGR	Terrence Powell Sr	828 Ingleside due apt2	ZAdd	
		Tallahassee F1 32303	□Remove	
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of the first date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records	(op or more than 90 days af iling requirements, t	<b>tional)</b> er filing (Pi his date wi	arsuant to 605/0. Il not be listed
record specifies a delayed effective date, but not an effective time, at 12-01 a listified.	m on the earlier of:	(b) The 9	0th day after t
Signature of a member of authorized representa	tive of a member		

Filing Fee: \$25.00