## K20000279368

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Se Division of Co				
	'N GUYS LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	DILLON HARRIS			
		Name of Person		
	THE LAWN GUYS LLC			
		Firm/Company	<del></del>	
	12113 MAGNOLIA STRE	EET		
		Address	<del></del>	
	SAN ANTONIO, FL 3357	76		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
DILLON HARRIS		813 505-3197 at ()		
Name o	of Person		ne 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)	
<u>Mailing Addre</u> Registration	_	Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LAWN GUYS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on SEPTEMBER 8TH, 2020	and assigned
Florida document number L20000279368		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		771
Enter new mailing address, if applicable:		量用
(Mailing address MAY BE A POST OFFICE BOX)		- 60 -
		<u> </u>
		125
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

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

and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	WILLIAM KIMBLE MILLS	12113 MAGNOLIA STREET	\ \exists Add
		SAN ANTONIO, FL 33576	Remove
			□Change
			□ Add
		<del></del>	□Remove
			☐ Change
	<del></del>		
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statutory forment's effective date on the Department of State's records.	filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a, is filed.	m, on the earlier of: (b) The 90th day after th
JANUARY 5 2021	
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Typed or printed name of signee