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Division of Corp.	orations	
suвјест: Нарру	Wife Lawn Cace Name of Limit	2 Pressure Washing and Maintenine Services LLC.
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.
Please return all correspon	dence concerning this matter t	to the following:
	Daniel Win	Name of Person
	Happy Wife	Apadside Assistance LLC Firm/Company
	2902 Guigie	1d Street Address
	Tallahazs-ee Happywig-e Law	City/State and Zip Code (MCA (P. D. MANT) - COM to be used for future annual report notification)
For further information co	ncerning this matter, please ca	
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Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
□ \$25.00 Filing Fee	C \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	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

Hap: Wife Lawn Care Pressure Wishing and Maintenance Services ill
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L200032663</u> .	apany were filed on 10-15-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Happy Wife A Homeline Proceedings The new hand must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRES]	Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2902 Confield Steet
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Code Code Code Code Code Code Code Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and interest as provided for in Chapter 605, F.S. Or If this document is office address, I hereby confirm that the limited liability

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 V.

<u> Title</u>	<u>Name</u>	Address	Type of Action
.1) ((_R			□Add
			□Remove
			□Change
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: : <u>2'</u> :			∐Add
			Петоче
			□Change

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in effective (ote: If the	date is listed. If date inserted	than the date te date must be sp in this block d on the Departi	oes not meet	not be prior to the applicat	date of filin	2026 g or more the filing req	an 90 days af	itional) ter filing.) P his date w	'ursuant to 605.0 ill not be listed)20 d a
		d effective date						(b) The	90th day after	the
ited	10-7-	2024	· · · -		_ ·					
_	Das	2024 Ve Wo Signi Dani'e	iture of a men	ber or author	ized represei	ntative of a	member			
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Filing Fee: \$25.00