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## **COVER LETTER**

Corporations		
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Name of Lim	ited Liability Company	
of Amendment and fee(s) are sub	omitted for filing.	
spondence concerning this matter	to the following:	
Ethan Wright		
	Name of Person	······································
	Firm/Company	
2212 Hickory Ct		
	Address	
Tallahassee, FL 32305		
	City/State and Zip Code	
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	Street Address Registration	
	Name of Lim  of Amendment and fee(s) are sub- spondence concerning this matter  Ethan Wright  2212 Hickory Ct  Tallahassee, FL 32305  ethan.e.wright@gmail.com E-mail address: (on concerning this matter, please concerning this matter.	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Ethan Wright  Name of Person  Firm/Company  2212 Hickory Ct  Address  Tallahassee, FL 32305  City/State and Zip Code ethan.e.wright@gmail.com  E-mail address: (to be used for future annual report of the concerning this matter, please call:  at (

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2021 FEB -4 AM 7: 24

Wrightline Mowing, 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 21 October, 2020 \_\_\_\_and assigned Florida document number \_L20000333445 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wright Cut Lawn Care LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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

## 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.

City

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	

<u>Title</u>	<u>Name</u>	Address 2021 FEB -4 AM 7: 24	Type of Action
AMBR	Sarah Sharkey		
		2212 Hickory Ct, Tallahassee, FL 32305	≣ Remove
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d specifies a delayed effective date, but not a ed.	an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
21 January	2021
z i January	
21 January  Thom Wing()	ember or authorized representative of a member

Filing Fee: \$25.00