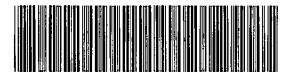
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>Cernified Lawn Ca</u>	Te UC Innited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for tiling.	
Please return all correspondence concerning this man	ter to the following:	
	Name of Person  AFILD Lawn Cace  Firm Company	
	Firm Company	
4670 Soto Rd	Address	
blick 71	City State and Zip Code  O Altotauil, Com  State used for luture annual report natur	
Firmal address bor further information concerning this matter, please		ication)
·	at (352) 634-50 Area Code Daytime	9.29 Telephone Number
Enclosed is a check for the following amount:  \$\forall \frac{\pi}{8}\$\$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy gadduonal copy is enclosed:
Mailing Address:	Strant Address	

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 OF

Cernified law	in Care LLC
( <u>Name of the Limited Liabi</u> (A Flori	SA Core LLC  lity Company as it now appears on our records.)  da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 10 - 27 - 2020 and assigned
Florida document number <u>L20000341007</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Cernified Home Ir. The new name must be distinguishable and contain the words "In	mprovement LLC mited Enablity Company," the designation "ELC" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	
(Principal exfice address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	ed office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
None of Month Designation 1.4 access	
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
	The Control of the Co

## 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 effice address. I hereby confirm that the limited liability company has been not fied in writing of this change.

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
			:Add
			JAdd
		bhAt	
			Chann

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•	
Han effec <u>Note:</u> 1	re date, if other than the date of filing:
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the d.
Dated _	2/1/2021
	3/1/2021  Signature of a member or authorized representative of a member
	signature of a member or authorized representative of a member
	Chris Cerna Typed or printed name of signee