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## **COVER LETTER**

TO:			•	. 0	· <b>▼</b> •
SUBJE	ECT:	Cactus Pl	ants Y Mas LLC		
		Name of Lim	ited Liability Company		<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
	BJECT:    Cactus Plants Y Mas LLC				
Division of Corporations  Cactus Plants Y Mas LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Jason P Brennan  Name of Person  Cactus Plants Y Mas LLC  Firm/Company  4019 Merryweather Dr  Address  Orlando, FL 32812  City/State and Zip Code  jasonbrennan0@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jason P Brennan  Name of Person  1 321  Name of Person  Tending Fee Status  Status Certified Copy  Certificate of Status  Certificate Copy  Certificate of Status  Certificate Opy  Certificate of Certificate of Status  Certificate Of Status  Certificate of Certificate of Certificate of Status  Certificate of Status  Certificate of Certificate of Certificate of Status  Certificate of Status  Certificate of Certificate of Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Certificate of Status					
	Division of Corporations  Cactus Plants Y Mas LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Jason P Brennan  Name of Person  Cactus Plants Y Mas LLC  Firm/Company  4019 Merryweather Dr  Address  Orlando, FL 32812  City/State and Zip Code  jasonbrennan@gmail.com  E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:  Jason P Brennan  Name of Person  1 is a check for the following amount:  Of Filing Fee  Certificate of Status  Certificat Copy  Certificate Copy  Certificate Copy  Certificate Copy  Certificate Copy  Certificat Copy  Certificate Copy  Certificat Copy  Certificat Copy				
			Firm/Company		port notification)  805 2274  Daytime Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy
			4019 Merryweather Dr		
			Address		<u></u>
			Orlando, FL 32812		
		<del>-,</del>	City/State and Zip Code	<del></del>	
		·	= -		
		É-mail address: (	to be used for future annual	report notification	)
For fur	ther information c	oncerning this matter, please ca	all:		
	Jason F	Brennan		805 2274	
<del>-</del>	Name o	f Person		Daytime Telep	hone Number
Enclose	ed is a check for th	ne following amount:			
□ <b>\$</b> 2:	5.00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy

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

Cactus Plants	s Y Mas LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL20000357126	were filed on	11/12/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The Cactus C	Guys LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de-	signation "Ll.C" or the a	bbreviation "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)		<u>-</u> .	r= 3
			• •
	<del></del>		;
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, enter the nar	ne of the new registered
agent and/of the new registered office address here.			- <del></del> -
N CN D TO LA			$Q_{ij}^{*}$
Name of New Registered Agent:			-2
New Registered Office Address:			
	Enter Floric	la street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of n provided for in Cl	ny duties, and I am hapter 605, F.S. Or	familiar with and if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date <u>e:</u> If the da	if other than the date of is listed, the date must be specific to inserted in this block does ective date on the Departmen	tic and cannot be prior to date of not meet the applicable sta	of filing or more than 90	and in the contraction of the co	t to 605.020 be listed a
cord specific s filed.	es a delayed effective date, bu	at not an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
ed	March 18	2021			
		a	,		
	Signature	e of a member or authorized re	presentative of a memi	per	

Filing Fee: \$25.00