6/14/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

To:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (321)946-6560 Fax Number : (866)704-9120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMPUS LAWN SERVICE LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPUS LAWN SERVICE LLC		
(Name of the Limi	ted Linbility Company as it now i (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited L Florida document number L20000360396	iability Company were filed o	on 11/13/2020 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability compa	any here:
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 applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		SECRUIN ALLAHAN
(Mailing address MAY BE A POST OFFICE	<u></u>	5 5 F
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on ess here:	our records, enter the name of the new registered
Name of New Registered Agent:	VIDAL CAMPOS, LUIS A	ALBERTO
New Registered Office Address:	142 MAYFAIR CIRCLE	El d'anna d'anna
	SANFORD	nter Florida street address, Florida 32771
	City	Zip Code

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.

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
			□Add
			□Remove
			Change
			🗀 Add
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			\ _Remove
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TOWN (MI)	Signature of a member or authorized representative of a member	Jaced	<u> </u>
	Signature of a member or authorized representative of a member	1000 m /4 /	
LUIS ALBERTO VIDALCAMPOS		Typed of er	inted name of signee