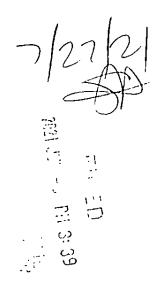


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87/06/21--81020--021 **25.00



COVER LETTER

TO:

Registration Section

Division of Cor	porations		
TWO GUY	'S LANDSCAPING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JOEL B. SANTIAGO		
	Name of Person		
	TWO GUYS LANDSCAPING LLC		
	1.11	Firm/Company	
	4007 THOMASSON LN		
		Address	
	NAPLES FL 34112		
	-	City/State and Zip Code	
	LASAMERICASTAXES@		
		to be used for future annual report not	(neation)
For further information e	oncerning this matter, please c	all:	
JOEL B. SANTIAGO		239 601-5971	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration Sc Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO GUYS LANDSCAPING 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 $\frac{11/19/2020}{11/19/2020}$ _____ and assigned Florida document number $\underline{L20000367333}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TWO GUYS MAINTENANCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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:

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.

Enter Florida street address

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>	<u>Address</u>	Type of Action
AMGR	FERMIN O SANTIAGO	4007 THOMASSON LN	□Add
		NAPLES FL 34112	≣Remove
		□Add	
			□Remove
		□AJd	
		□Remove	
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			_ ⊖ "⊟Change

If amending any other infor	nation, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
		·····
	- + #1	
		
		-
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing block does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605,0207 (filing requirements, this date will not be listed as t
e record specifies a delayed effect ed is filed.	ive date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
IIII V 2ND	2021	
Dated	2021	
\checkmark /		
/\ (.		•
	Signature of a member or authorized representa	ative of a member