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· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRY FACT LAWNS LL 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:
FATH LANS+
Perfact Lawns LLC Firm/Company
Mul Heritage Grande, Unit 105
BUNTON BELL M. FL 33457 City/State and Zip Code Kayl+fj2/Cogmail Land E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Faith Kart Name of Person at (LOY), 2-04-8933 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

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

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 2000 30919</u>	company were filed on Ω	Welmber 23, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here	<u>re</u> :
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		2020 D
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		; oo [
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	cords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido	la street address
		Florida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

oveu 11	om our records:		
MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Faith Karst	Unit 105, Buyntin Beach,	L XAdd
		Unit 105, Buyintin Beach, FL 33437	_ 🗆 Remove
			_
			_ 🗆 Add
			□Remove
			_ □Change
			Add DEC S Remove
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te: If the date ins	ther than the date of filing: WWW the sted, the date must be specific and cannot be prior to date of filing serted in this block does not meet the applicable statutor and the date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed as
cord specifies a c s filed.	delayed effective date, but not an effective time, at 12:01	1 a.m. on the earlier of: (b) The 90th day after the
ed Dell	Nex 21 2020.	
	Signature of a member or authorized represe	intative of a member