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(Addr	ess)	
(City/	State/Zip/Phon	e #)
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(Docu	ument Number;)
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COVER LETTER

TO:	Registration Se Division of Cor				
SHD IE7			E LLC		
SOBJEC		Name of Lim	ited Liability Company		-,,-
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		GONZALES, ELDER			
			Name of Person		
		THE WYTTS LANDSCA	PING SERVICE LLC		
	THE WYTTS LANDSCAPING SERVICE LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: GONZALES, ELDER				
		5133 CANNON WAY			
			Address		
		WEST PALM BEACH, FI	L 33415		
			City/State and Zip Code		
		Thewyttslandscapingservice	@gmail.com		
		E-mail address: (to be used for future annual r	eport notification)	
For furth	er information co	oncerning this matter, please e	all:		
Yunieth	Escalante				
	Name of	f Person	Area Code	Daytime Teleph	one Number
Enclosed	l is a check for th	e following amount:			
□ \$25.	00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
	Mailing Addres	<u>s:</u>	Street Ad	dress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WYTTS LANDSCAPING SERVICE LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our records.) ied Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 11/24/2020 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Wyatt Landscaping And Maintenance Service LLC.		
The new name must be distinguishable and contain the words "Limited Li	liability Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ice address on our records, enter the name of the new re	gister
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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 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

Title	<u>Name</u>	Address	Type of Action
		□Remove	
		□Change	
		□ Add	
		Remove	
		□Change	
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<u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	April 20 . 2021.
	Signature of a member or authorized representative of a member
	•

Filing Fee: \$25.00