## L20000380737

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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	ст: <u>D3A</u>	Lawn Cure Landsco	aping 3 Irrigation So	ervices LLC
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	idence concerning this matter	to the following:	
			Beckford Name of Person	
		DAA Lawn L	are Landscaping 3	Irrigation Services LL
		3707 Yo	Semile Dr Address	2021 KAY 24
			City/State and Zip Code  Sagnad Com to be used for future annual report notific	25 P
or furth	er information co	ncerning this matter, please ca		<u> </u>
Deb	orah Ber Name of	Person	at (347) 651- 3 Area Code Daytime	3989 Telephone Number
Enclosed	is a check for the	following amount:		,
□ <b>\$</b> 25.0	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 (additional copy is enclosed)
	Mailing Address:	Į.	Street Address:	

TO:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

D'3 A Lawn (we Linds can (Name of the Limited Liability Comp	ping 2 Urrigation  Any as it now appears on our records.) Liability Company)	Services
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000380737</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial  D'A A Lawn (are Law Scaping LLC  The new name must be distinguishable and contain the words "Limited Liab		r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		FA 24 P
(Mailing address MAY BE A POST OFFICE BOX)		700 N
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	City	Zıp Сохів

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ective date, if other than to effective date is listed, the date in te: If the date inserted in this nument's effective date on the	must be specific and cann block does not meet t	the applicable stati	filing or more than 90 d ntory filing requireme	_ <b>(optional)</b> ays after filing.) Pursuan ents, this date will not	t to 605,020 be listed a
ecord specifies a delayed effects filed.	ctive date, but not an e	ffective time, at 12	2:01 a.m. on the earli	er of: (b) The 90th d	ay after the
ed May 19th	. 2	2021			
1972	. 20				