[21 60000) 3928

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TO: Registration Section

Divi	ision of Corp	porations		
CUDIECT.		S LANDSCAPING & TREE S	ERVICE LLC	
SUBJECT: Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ADRIAN MIDDLETON,	ESQ	
			Name of Person	
		SWORD & SHIELD LLC		
			Firm/Company	
		1437 MARKET ST		
			Address	
		TALLAHASSEE, FL 323	12	
			City/State and Zip Code	
		HELP@SWORDANDSHII		
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
ADRIAN M	IDDLETON	, ESQ	850 815 0256 at ()	
	Name of	Person	at ()	ne Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	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)
	iling Address		Street Address: Registration So	ection
Registration Section Division of Corporations			Division of Corporations	
P.C). Box 632	7	The Centre of	
Tal	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WILLIAMS LANDSCAPING & TREE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	MATAIN # STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000003928</u> .	were filed on 1/5/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1437 MARKET ST	
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE FL 32312	
Enter new mailing address, if applicable:	1437 MARKET ST	
(Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEE FL 32312	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new register
Navy Danistanad Office Address		
New Registered Office Address:	Enter Florida street add	ness
		Florida
	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 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
MGR	DAVIÐ A WILLIAMS	1437 MARKET ST	□Add
		TALLAHASSEE, FL 32312	Петюvе
			■Change
MGR	LOGAN WILLIAMS	1437 MARKET ST	= Add
		TALLAHASSEE, FL 32312	□ Remove
			□Add
			□ Remove
		<u></u>	□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
		, <u>1988.</u>	□ Remove
			□Change

<u></u>	her information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effective date is liste Note: If the date inse	her than the date of filing:
he record specifies a de ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST	Signature of a member or authorized representative of a member
	Dolid Williams Typed or printed name of signee

Filing Fee: \$25.00