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(Ke	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Name Change

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COVER LETTER

TO: Registration So Division of Co			
Mazzanti's SUBJECT:	Mobile Detailing & Pressure V	Vashing LLC,	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Taylor A. Mazzanti		
		Name of Person	
		Firm Company	
	3729 Doral Ct.		
		Address	~~~~
	Port St. Lucie , FL 34952		2022 HAR
		City/State and Zip Code	
	bm.xguy@hotmail.com		21
		(to be used for future annual report notific	PH 3: 24
For further information of	concerning this matter, please of	all;	ယ္
Taylor A. Mazzanti		772 6347534	24
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sect	ion
Division of C	Corporations	Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 MAR 21 AM 11:44

SECRETARY OF STATE TALLAHASSEE, FL

February 24, 2022

TAYLOR A. MAZZANTI 3729 DORAL CT PORT ST LUCIE, FL 34952

SUBJECT: MAZZANTI'S MOBILE DETAILING & PRESSURE WASHING LLC

Ref. Number: L21000024962

We have received your document for MAZZANTI'S MOBILE DETAILING & PRESSURE WASHING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 722A00004639

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mazzanti's Mobile Detailing & Pressure Washing 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 Liab	oility Company were filed on ^{January} 11, 202	and assigned
Florida document number L21000024962		- 6
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Cut & Clean Lawn Care LLC,		
The new name must be distinguishable and contain the word	ds "Limited Liability Company." (he designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered affice address because of the new registered office address because of the new registered of the new re	istered office address on our records, ente	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Horida
	; Chy	Zip Code
Name Dankstand Association of the con-		

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 Changing Registered Agent, Signature of New Registered Agent

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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) Iffective	e date, if other t	han the date of f	iling:		(optional)	
`an effec	five date is tisted, the	e date must be specific	c and cannot be prior	to date of filing or more t	han 90 days after filmg.)	Pursuant to 605.0207
<u>vote:</u> * i i locumen	the date inserted at's effective date	in this block does r on the Department	not meet the applic of Scate's records	able stantory Thing red	quirements, this date v	vill not be listed as
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rangerd.	d.	i effective date, but	t not an effective ti	me, at 12:01 a.m. on th	ie earlier of: (b) The	90th day after the
record : Lis filed						
record : Lis filed			2022			
d is filed Fo	ebruary 6th		,	_ ·		
d is filed	ebruary 6th					
d is filed Fo	ebruary 6th	1	m - 1	,		
d is filed Fo	ebruary 6th	Signature	of a member or author	orized representative of a	member	