## L21000040836

| (Re  | questor's Name)   |             |
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| (Cit   | y/State/Zip/Phone | e #)        |
| PICK-UP  | ☐ WAIT            | MAIL        |
| (Bu  | siness Entity Nar | ne)         |
| (Do  | cument Number)    |             |
| Certified Copies   | _ Certificates    | s of Status |
| Special Instructions to  | Filing Officer:   |             |
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| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |                   |             |

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration S<br>Division of Co |   |  |
|--------------------------------------|---|--|
| Volusia i                            | Mulch and Stone, LLC                            | ,  |
| SUBJECT;                             | Name of Lin                                     | mited Liability Company  |
|                                      | Amendment and fee(s) are sub-                   | •  |
| Please return all correspo           | ondence concerning this matter                  | to the following:  |
|                                      |   | Randy Berner   |
|                                      |   | Name of Person   |
|                                      | V   | olusia Mulch and Stone, LLC  |
|                                      | Firm/Company                                    |  |
|                                      | 2049 Highway West 44                            |  |
|                                      |   | Address  |
|                                      |   | Deland, Florida 32720  |
|                                      |   | City/State and Zip Code  |
|                                      | E-mail address: (                               | Kelli.VMS@yahoo.com  (to be used for future annual report notification)  |
| For further information of           | oncerning this matter, please c                 |  |
| Kelli I                              | Decker  | 386 801-7951 E   |
| Name o                               | of Person                                       | Area Code Daytime Telephone Number   |
| Enclosed is a check for t            | he following amount:                            |  |
| ■ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee?  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S        |   | Street Address: Registration Section   |
| Division of C<br>P.O. Box 632        | orporations                                     | Division of Corporations The Centre of Tallahassee   |
| 1.0.DUX 002                          | : 1   | THE COMPCOLITANIANASSES  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Volusia Mulch and Stone, LLC  |                                       |                   |
|---|---------------------------------------|-------------------|
| (Name of the Limited Liability Company as it now ap<br>(A Florida Limited Liability Company)                                    | pears on our records.)                | <del></del> _     |
| The Articles of Organization for this Limited Liability Company were filed on Florida document numberL21000040836               | January 21, 2021                      | and assigned      |
| This amendment is submitted to amend the following:   |                                       |                   |
| A. If amending name, enter the new name of the limited liability company  | <u>e here</u> :                       |                   |
| The new name must be distinguishable and contain the words "Limited Liability Company," t                                       | he designation "LLC" or the abbrevia  | tion "L.L.C."     |
| Enter new principal offices address, if applicable:   |                                       |                   |
| (Principal office address MUST BE A STREET ADDRESS)   |                                       |                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   |                                       |                   |
| B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here: | r records, <u>enter the name of t</u> | he new registered |
| Name of New Registered Agent:   |                                       | 2021              |
| New Registered Office Address:  |                                       |                   |
| Enter .   | Florida street address                |                   |
|   | Florida                               |                   |
| City  | Zip                                   | Code              |
| New Registered Agent's Signature, if changing Registered Agent:   |                                       | ਰੀ                |

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          | Timothy Blakeslee |  | □ Add          |
|              |                   | 2049 Highway West 44, Deland, Fl 32720 | ≣Remove        |
|              |                   |  | □Change        |
|              |                   |  | □Add           |
|              |                   |  | □Remove        |
|              |                   |  | □Change        |
|              |                   | · · · · · · · · · · · · · · · · · · ·  | □Add           |
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|              |                   | · ;                                    | ☐Change        |
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| _                              |   | <del></del>        |                                     |                     |  | 1.  | <u>कं</u>              |                |
| Note: If the                   | te, if other than the date<br>late is listed, the date must be sp<br>date inserted in this block do<br>ffective date on the Departi | pes not meet the   | e prior to date c<br>applicable sta | I IIImg or more tha | (option<br>n 90 days after fil<br>irements, this d | <b>al)</b><br>ing.) Pursuan<br>ate will not | t to 605,0<br>be liste | 0207<br>d as   |
| e record speci<br>rd is filed. | ifies a delayed effective date  | , but not an effec | ctive time, at 1                    | 2:01 a.m. on the    | earlier of: (b)                                    | The 90th da                                 | ay after               | the            |
| Dated                          | May 28th  | · <u>201</u>       | 21                                  |                     |  |   |                        |                |
|                                |   |                    |                                     |                     |  |   |                        |                |
|                                |   |                    | /2                                  | presentative of a m |  |   |                        |                |