L21000085721

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COVER LETTER

TO:

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eun irea		ORIDA JUNK REMOVAL L	LC		
SUBJECT	: <u>-</u>	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company		
		17350 STATE HWY 249	STE 220		
			Address	·-·	
		HOUSTON, TX 77064			
			City/State and Zip Cod	le	
		EFILE1234@INCFILE.CO			
For further	information c	is-mail address: (oncerning this matter, please c	to be used for future annu all:	ai report notificatio	n)
LOVETTE	DOBSON		888 4	162-3453	
	Name o	f Person	Area Code	Daytime Tele	phone Number
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres	-		Address: tration Section	
Di	ivision of C	orporations	Divisi	ion of Corpora	tions
	O. Box 632 illahassee, I			Centre of Tallah N. Monroe Str	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN FLORIDA IUNK REMOVAL LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Colorida document number 1.21000085721	Company were filed on 02/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MORRIS LAWN SERVICES LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
		
Enter new mailing address, if applicable:		
Mailing uddress MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addr	ess
		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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
		□ Remove	
			□ Add
			□ Remove
			☐ Change

	
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Note: If the dat	if other than the date of filing:
ne record specifie ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 10	2021
	Signature of a member or authorized representative of a member
	non R Morris SR
	Typed or printed name of signee