L71000086583

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section

Division of Corpora	ations			
SUBJECT: Sady (S LawnCar Name of Lin	C and Powertash nited Liability Company	Services LLC	
The enclosed Articles of Ame	endment and fee(s) are sub	omitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
<u>-</u>		Name of Person Name of Person Name of Person Pirm/Company		
-	8411 Gles Tarkah	Address Add	2023 OCT 23 PH 3: 16 SECRETARY (15) FL cation)	
_	Charlicus BIS	@ 5 mail . Com to be used for future annual report notifi	cation)	
For further information conce	rning this matter, please c	all:	' 📆 o	
Orando E. Wil Name of Per	Kh. II	at (&SD) <u>570 - 02</u> Area Code Daytime	Telephone Number	
Enclosed is a check for the fo	llowing amount:			
S25.00 Filing Fee	330.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______Q-25-2023____ and assigned Florida document number <u>L21000</u> 86583. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				_ □Remove
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