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| (Requestor's Name) |
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| (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

Tallahassee, FL 32314

| TO: Registra Division | ition Sec of Corp | | | | | | |
|--------------------------|---|--|---|-----------------|--|----------------------|--------------------------|
| | erview La | awn Care LLC | | | | | |
| SUBJECT: | | | | | | | |
| The enclosed Arti | icles of A | mendment and fee(s) are sub | mitted for filing. | | | | |
| | | dence concerning this matter | | | | | |
| | | Michael Dennis | | | | | |
| | | | Name of Perso | I) | | | |
| | | Riverview Lawn Care LLC | | | | | |
| | | | Firm/Compan | y | | | |
| | | 11733 Brighton Knoll Loo | p | | | | |
| | | | Address | | | 2023 | SIVIS |
| | | Riverview, FL, 33579 | | | | 2023 NOV 14 PH12: 40 | 10X 61 |
| | | | City/State and Zip | Code | | <u> </u> | |
| | | mdennis705@gmail.com | to be used for future a | nnual report no | otification) | | 1904 1904 |
| For further inform | nation co | ncerning this matter, please c | | | ,, | 2: 40 | BIYISION OF CORPORATIONS |
| Michael Dennis | | | 813 | 260-0909 | | | |
| _ | Name of | Person | at (Area Code | Dayti | ime Telephone Number | | |
| Enclosed is a che- | ck for the | following amount: | | | | | |
| □ \$25.00 Filing | g Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Certified Co (additional copy | ру | Certified | te of Status & | |
| Registr Divisio | Address ration So on of Co ox 6327 | ection orporations | Re Di | | Section orporations `Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Riverview Lawn Care LLC | | |
|---|---|----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| e Articles of Organization for this Limited Liability Company | were filed on 2/22/2021 | and assigned |
| orida document number 1.21000087214 | | |
| is amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liab | ility company here: | |
| verview Industries LLC | | |
| e new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| nter new principal offices address, if applicable: | 11733 Brighton Knoll Loop | 26 |
| rincipal office address MUST BE A STREET ADDRESS) | Riverview, FL, 33579 | 75 K |
| | | A0 82 4 |
| | | F 697. |
| nter new mailing address, if applicable: | 11733 Brighton Knoll Loop | - P 설립: - IX 요.// |
| | Riverview, FL., 33579 | <u> </u> |
| failing address MAY BE A POST OFFICE BOX) | | 6 3 |
| If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the nam | e of the new registe |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , 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 |
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