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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
	J&J Lawn a	and Exterior Maintenance, LLC		
SUBJE	CT:			
		Amendment and fee(s) are sub-		
Please r	return all correspo	ondence concerning this matter	to the following:	
		Charles Altom		
			Name of Person	
		J&J Lawn and Exterior Ma	intenance, LLC	
			Firm/Company	
		4503 NW 186th St		
			Address	
		Newberry, FL 32669		
			City/State and Zip Code	
		jjlawncare352@gmail.com	to be used for future annual report not	tification)
г с.				
Charles		concerning this matter, please concerning	an. 352 240-5502	
Charica	, Attom			
_	Name (of Person	Area Code Daytir	me Telephone Number
Enclose	ed is a check for t	he following amount:		
/	5.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
(3) \$2.	5.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			Change Address.	
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
	Division of (Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

2022 HAY 13 AM 8: 13 J&J Lawn and Exterior Maintenance, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALL ATIASSEE, FE The Articles of Organization for this Limited Liability Company were filed on _____ ____ and assigned Florida document number 1.21000089718 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SunScape Lawns, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 ____, Florida ____ City

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>	Name	Address	Type of Action
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			□Remove
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