LZI 000091337

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO:	Registration Se Division of Cor				•
erib ii	cer.	Lawn Lizard	Lawn Care LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Sonia Becerra		
			Swyft Filings, LLC		
3 (Firm/Company		
			Greenway Plaza #1320		
			Address		
			Houston, Texas 77046		
			City/State and Zip Code		
			filings@swyftfilings.com		
For fu	rther information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notable:	otification)	
_	Sonia B		at (877) 777-0		
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclos	sed is a check for th	ne following amount:			
⊠ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations : Center Circle	P 1: 53	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lawn Lizard L	awn Care LI	LC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appe liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000091337</u>	were filed on _	02/24/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company l	nere:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	419	SW 34th 8	St.
(Principal office address MUST BE A STREET ADDRESS)	Cape	SW 34th & Coral Fl	33914
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off	fice address o	n our records, enter	r the name of the new
registered agent and/or the new registered office address here	:	ii oiii records, <u>enter</u>	THE MARKE OF THE TREET
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•	> 1
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of	performance of rovided for in	f my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is
company has been notified in writing of this change.			<u>.</u> 0
			53
If Chang	ging Registered A	gent, Signature of New R	egistered Agent

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	<u>Address</u>	Type of Action
AMBR	Adam Lunn	419 SOUTHWEST 34TH ST	! Add
		CAPE CORAL, FL 33914	Remove
			Change
AMBR	Julie Anderson	419 SOUTHWEST 34TH ST	Add
		CAPE CORAL, FL 33914	Remove
			Change
			
			☐ Remove
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ument's	effective date on th	e Department of	State's records.	,	- G q ,		17.
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Filing Fee: \$25.00