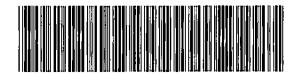
## L21000097706

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
	<b>∏</b> WAIT	☐ MAIL
PICK-UP	L.J. VVAII	LI WAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
II		

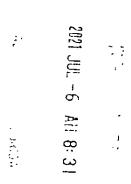
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: Pra	irie Fice Name of Line	Solutions, LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eri	K L. Thomas Name of Person	50 <u>M</u>
		Firm/Company	
	106 Big F	ine Key Blud	<u>.                                      </u>
	DeLand,	FL. 32720 City/State and Zip Code	
	E-mail address: (i	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co	all:	
Er, K L. T	hompson Ferson	at ( <u>314</u> ) <u>304 -</u> Area Code Daytime	0297 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Prairie Fire Solut	Tous, LLC.
(Name of the Limited Liability Company (A Florida Limited Lia	as it now/appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 400097770</u> 6	were filed on $03/01/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Augusta Lawn Care Servi  The new name thust be distinguishable and contain the words "Limited Liability	
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 ad agent and/or the new registered office address here:	
Name of New Registered Agent:	80 P. F.
New Registered Office Address:	Enter Florida street address
	Florida

## 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

Zip Code

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
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	<del></del>		Add
	<del></del> -	□Remove	
	<del></del>	☐ Change	
	<del></del>		□Add
		□Remove	
			□Change
		□ Add	
		□Remove	
			□Change

	ding any other information, enter change(s) here: [Attach additional sheets, if necessary.]
_	
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<del></del>	
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(It an effection Note: 1	e date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Signature of a member or authorized representative of a member
	Erik L. Thousson  Typed or printed name of signee

17111 17 055.00