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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CUSTOM CURB APPEAL LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custom Curb Appeal LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000101856	were filed on 03/10/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	980 Blackberry Lane	262)
(Principal office address MUST BE A STREET ADDRESS)		71AR 2
	St.Johns Fl 32259	
Enter new mailing address, if applicable:	980 Blackberry Lane	(SE 187)
(Mailing address MAY BE A POST OFFICE BOX)	St.Johns FI 32259	25
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter</u> :	the name of the new
Now Device and Office Address:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ē	

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 Changing Registered Agent, Signature of New Registered 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>	<u>Name</u>	Address	Type of Action
AMBR	Lisa Maselli	980 Blackberry Lane	Ø Add
		St.Johns FI 32259	Remove
			Change
			Add
			C Remove
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ote: If the date inserted in this blocument's effective date on the Do	sek does not meet the applicable statutory trung	g requirements, this date will not be fisted a
record specifies a delayed The 90th day after the rec	effective date, but not an effective tord is filed.	ime, at 12:01 a.m. on the earlier
03/22	2021	
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Typed or printed name of signee

Filing Fee: \$25.00