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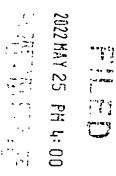
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration So Division of Cor					
SUBJECT:	am one	lown Service	<u>'e</u>		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Melani	BYDWN Name of Person			
	LLC				
	1.	Firm/Company			
	46 MAK	Board It		. 2	
	APOPKA PI	Address 32703 City/State and Zip Code		2022 HAY 2	
	MV6/997	to be used for future annual report notif	ication)	25 PH 4: 00	412-18
For further information c	oncerning this matter, please c	all:	f 21	: 00	
Meloni	Brown	at(407) 333	-7310	_	
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne 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 For Certificate of Signature Copy (additional copy is	itatus &	
Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration Sec	tion		
Division of C P.O. Box 632	orporations	Division of Corp	porations		
Tallahassee, I		The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810		

Tallahassee, FL 32303





April 16, 2022

MELANI BROWN 46 M A BROAD ST APOPKA, FL 32703

SUBJECT: TEAM ONE LAWN SERVICE LLC

Ref. Number: L21000138383

We have received your document for TEAM ONE LAWN SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

RECEIVEDS 22 MAY 25 AM 9: OBSINATED STATES TALL A HASSEE, FL

Letter Number: 122A00008934

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1000 ONE (Name of the Limited L	LCWN iability Company Torida Limited Lia	Service (as it now appears on o ability Company)	ur records.)	2022 HAN	
The Articles of Organization for this Limited Liabil Florida document number 1210001383		vere filed on <u>5– </u>	14-2c	2./ and assigned	
This amendment is submitted to amend the following	ig:				
A. If amending name, enter the new name of the Enter the new name of t	er Dis	es LLC	tion "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable	31				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>V)</u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office ad ere:	dress on our record	s, <u>enter the</u>	name of the new register	<u> 10(</u>
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:		Enter Florida str	eet address		
_	<u></u>		, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
		□Remove	
			□Change
			□Add
		□Remove	
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		🗆 Add	
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			□Change
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			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E I (- 4980400
(If an ef <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	5-17-2002
	1 M Ka Id
	Signature of a member or authorized representative of a member