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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	. <u></u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	·

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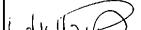
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: MQ30	c Grounds M	laintenance LLC	
SUBJECT. 1 VOVSO	Name of Lin	nited 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:	
	Addisyn he	Name of Person	
	•	- Nume of Ferson	
	Major Ground	d) Maintenance (LL(
	702 SW 10	Address	
		Address	
	Cape Coral	FL 33991 City/State and Zip Code	
	Wienton Course	•	
	E-mail address:	O anxil Lom to be lised for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Addisan Ke	\\(\alpha\)	at (<u>139</u>) <u>672 - 38</u>	507
Name o	l Person		ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	★ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee, F	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Major Chand Ma (Name of the Limited Liability (A Florida	ty Company as it now appears on of Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L21000158602</u>	· · · · · · · · · · · · · · · · · · ·	6/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		: :
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registered
		رې
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		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, 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
<u>AMBR</u>	Weston J Cover	702 SW 10th ST Cape Coral F	⊠ Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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'an effi (ote:	ve date, if other than the date of filing: 04/29/2021 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
l is fil	
ated .	April 29th 2021 Mulisyn Kelly Signature of a member or authorized representative of a member Addisyn Kelly Typed or printed name of signee
	Addie Valle
	Signature of a propher or authorized correspondence of a mancher

Filing Fee: \$25.00