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T. MATTHEWS MAY - 4 2022

COVER LETTER

	•
EST FLORIDA RESTORATIO	ON AND LANDSCAPE, LLC
Name of Limit	ted Liability Company
Amendment and fee(s) are sub-	nitted for filing.
ondence concerning this matter t	
Lorenzo Benjamin	
	Name of Person
NORTH WEST FLORIDA	RESTORATION AND LANDSCAPE, LLC
	Firm/Company
5429 Chipper Ln	
	Address
Pace, FL 32571	
	City/State and Zip Code
Hale phylic E-mail address: (to be used for future annual report notification)
concerning this matter, please ca	all:
	at ()
of Person	at ()
the following amount:	
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Street Address: Registration Section
	Division of Corporations
27	The Centre of Tallahassee
	Name of Limi Amendment and fee(s) are subsondence concerning this matter to Lorenzo Benjamin NORTH WEST FLORID: 5429 Chipper Ln Pace, FL 32571 Hale plus: E-mail address: (concerning this matter, please concerning this matter, please concerning the following amount: \$\text{S30.00 Filing Fee &}\$

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR 13 PM 1-18

NORTH WEST FLORIDA RESTORATION AND LANDSCAPE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed or	04/07/2021	and assigned
Florida document number 1.21000162131			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability compan	y here:	
The new name must be distinguishable and contain the words "Limited	Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C"
Enter new principal offices address, if applicable:	·	. <u></u> ,	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
	-10-		 _
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		, <u>.</u>	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on o	ur records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
		r Florida street address	
	City	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered A			Eq. Cont
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performanc at as provided for	e of my duties, and I in Chapter 605, F.S.	am familiar with and Or, if this document is
ī	If Changing Register	ed Agent, Signature of Ne	w 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
MGR	Phyliss Benjamin	5429 Chipper Lu	
•		Pace, FL 32571	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
	.		🗀 Add
			Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change

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fective date, if other than the date of filing: (optional) In effective 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 605.020 one; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ascument's effective date on the Department of State's records. The 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 is filed.						
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Lacoura Ber Jan	April 7th	2023	<u>.</u>			
Signature of a premoet of auditorized representative in a member						
	- Loren	40/5	La Je	Presentative of a me	mber	