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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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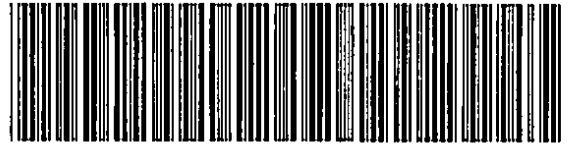
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -2 AM 7:51

FILED

JUN 23 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 Brothers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glen Edwards Jr.
Name of Person

3 Brothers LLC
Firm/Company

4214 Teaut Dr. SE.
Address

St. Petersburg FL 33705
City/State and Zip Code

BlacIce14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glen Edwards Jr at (727) 426-6132
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

3 Brothers LLC

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

FILED
2022 MAY -2 AM 7:53
SUBSTANTIAL
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/26/2022 and assigned
Florida document number L21000173873

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

3 Kings Lawn Care LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4214 Trout Dr. SE

St. Petersburg FL

33705

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4214 Trout Dr. SE

St. Petersburg FL

33705

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Glen Edwards Jr.

New Registered Office Address:

4214 Trout Dr. SE.

Enter Florida street address

St. Petersburg

City

Florida

33705

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.

Glen Edwards Jr.

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Akeem A. Edwards</u>	<u>1175 Pinellas Point Drive South</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. 195, St. Petersburg FL</u>	<input type="checkbox"/> Remove
		<u>33705</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Landeick D. Edwards</u>	<u>1175 Pinellas Drive South</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 195, St. Petersburg FL</u>	<input type="checkbox"/> Remove
		<u>33705</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated April 26, 2022

Glen Edwards B.

Signature of a member or authorized representative of a member

Glen EDWARDS JR.

Typed or printed name of signee

2022 MAY -2 AM 7:52
JULY PART OF STATE
TALLAHASSEE, FLORIDA