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COVER LETTER

TO:

TO: Registration So Division of Co			
	um Lawn Care, LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dina Hampton		
		Name of Person	-
		Firm/Company	_
	1210 SW 2nd Ave		
		Address	
	Okeechobee, FL 34974		Ca.
	dina@eliteofficeserviceslle	City/State and Zip Code	- 6
	_	to be used for future annual report notification)	#
For further information of	concerning this matter, please c	all:	
Dina Hampton		863 467-5900 at ()	∑D A II; 2u
Name o	of Person	Area Code Daytime Telephone Numbe	21
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing Addres Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Dream Lawn Care, 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 Company were filed on $\frac{4/20/21}{1}$ Florida document number L21000183954 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15825 NW 12th Terrace Enter new principal offices address, if applicable: Okeechobee, FL 34972 (Principal office address MUST BE A STREET ADDRESS) 15825 NW 12th Terrace Enter new mailing address, if applicable: Okeechobee, FL 34972 (Mailing address MAY BE A POST OFFICE BOX) 282 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: 15825 NW 12th Terrace New Registered Office Address: Enter Florida street address Okeechobee , Florida <u>³⁴⁹⁷²</u>

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 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>	Type of Action
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			□ Change
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	M	Signature of a	member or au	ے پتر thorized repre	sentative of a n	nember			
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