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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	usiness Entity Nan	ne)
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JIVISION OF CURFORATION

Office Use Only

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
CREAME	RS SOD AND LAND RENOV	ATION LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BOBBY G CREAMER iii			
		Name of Person		
		Firm/Company		
	287 WEST CREEKVIEW	DR		
		Address		
	WEWA , FL 32465			
	BOBBY.CREAMER91@G			
For further information c	E-mail address: (concerning this matter, please ea	to be used for future annual report noti- all:	fication)	
BOBBY CREAMER		850 481-6348		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion	
Division of C	Corporations	Division of Corporations		
P.O. Box 632	27	The Centre of T	allahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREAMERS SOD AND LAND RENOVATION 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 Co		04/21/2021	
1.21000184211	ompany were med or		and assigned :-
Florida document number L21000184211	<u>_</u> ;		لىـ
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compan	<u>v here</u> :	
BGC HOME & OUTDOOR SERVICES LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company,"	the designation "LLC" or	the abbreviation "L.E.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
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: Name of New Registered Agent: New Registered Office Address:			
New Registered Office Address.	Enter	Fiorida street address	
		Floric	da
	City	, 110710	daZip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance gent as provided for	of my duties, and I in Chapter 605, F.S	Lam familiar with and S. Or, if this document is
	If Changing Registered	1 Agent, Signature of No	ew 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>	Name	Address	Type of Action
			□Add
			□Remove
			∐Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
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n effective	ate, if other than the date date is listed, the date must be	specific and cannot be p	rior to date of filing o	or more than 90 day	(optional) es after filing.) Pur	suant to 605.0	0207
cument's	date inserted in this block effective date on the Depar	timent of State's reco	rds.	umg requiremen	is, this date will	not be listed	d as
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Filing Fee: \$25.00