

h21000185987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

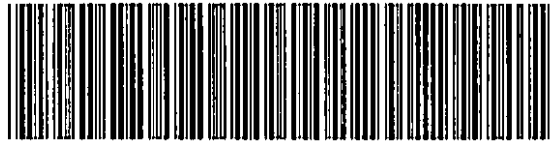
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800393794278

09-09-20--09:35--101 --45111

FILED

2022 SEP -6 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUDGET LAWNZ 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:

NICHOLAS D. PEREZ
Name of Person

Firm/Company

1781 STEELE ST
Address

MELBOURNE, FL 32935
City/State and Zip Code

PEREZNIC29@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP -6 AM 9:35

FILED

For further information concerning this matter, please call:

ROY CRUZ at (978) 397-7632
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

BUDGET LAWNZ 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 APRIL 21, 2021 and assigned
Florida document number L21000185287

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2022 SEP -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL

☒ **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:

NICHOLAS D PEREZ

New Registered Office Address:

1781 STEELE ST

Enter Florida street address

MELBOURNE

City

Florida

32935

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.

Nicholas Perez

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>
MGR	Roy Cruz	8053 BRACKEN LN	<input type="checkbox"/> Add
		Melbourne, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicholas D Perez	1781 STEELE ST	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Kacavich	1781 STEELE ST	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32935	<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

FILED
2022 SEP -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP -6 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL

7
C. J. JAMES
7
M
D

(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)

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 September 2, 2022

Dr. S. S.

Signature of a member or authorized representative of a member

Roy Cruz

Typed or printed name of signee

Filing Fee: \$25.00