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COVER LETTER

TO: Registration Section

Division of Co	rporations				
BACK IN	ACTION WATERCRAFTS, L	LC			
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:			
	Sean P. Cronin				
	Name of Person				
	Stanton Cronin Law Group, PL				
		Firm/Company			
	6944 W. Linebaugh Ave., Suite 102				
		Address			
	Tampa, Florida 33625				
		City/State and Zip Code			
	scronin@sclawyergroup.co	m to be used for future annual report no			
For further information of	e-mail address: (concerning this matter, please c		offication)		
	oncertaing this matter, pretise c				
Sean P. Cronin		813 444-0155 at () Area Code Daytime Telephone Number			
Name (of Person	Area Code Dayti	ime Telephone Number		
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration S	Section		
Division of C	Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee.	EL 32314	2415 N. Mont	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACK IN ACTION WATERCRAFTS, 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 $\frac{05/03/2021}{1}$ and assigned Florida document number L21000205636 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fresh Tracks Lawn Care, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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			□Change
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi locument's effective date on the	must be specific and ca s block does not mee	et the applicable			ing.) Pursuant to 605.0207
record specifies a delayed effe	ctive date, but not an	i effective time	. at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
d is filed.					
		2021			
d is filed. Dated July 5	<u></u>	2021			