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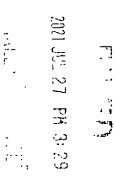
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Certified Copies Certificates of Status
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IN RRUCE AUG 07 2021

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT:		LAWN CARE 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	ndence concerning this matter	to the following:		
		DAVID FRANCISC	O FRANCISCO		
			Name of Person	_	
		DAVID F LAWN C	ARE LLC		
			Firm/Company		
		3730 BELMONT	ST		
			Address		
		FORT MYERS, FL 33	916		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		Davidflawncare90@gmai	Leom		
		E-mail address: (to be used for future annual report no	otification)	
For further in	formation co	oncerning this matter, please ca	all:		
DAVID FRA	ANCISCO F	RANCISCO	239 3338157		2021 J
	Name of	`Person	at () Area Code Dayti	me Telephone Number	2021 JUL 27
Enclosed is a	check for th	e following amount:			TO
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status & 🗢
Mailing Address: Registration Section		<u>Street Address:</u> Registration S	Section		
-		orporations	Division of Co		
	. Box 632		The Centre of		_
Tall	lahassee, F	FL 32314	2415 N. Moni	oe Street, Suite 81)	()

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID F 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 $\frac{05/04/2021}{\text{Elorida document number}}$	and assigned
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" of	r 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)	
	1021
3. If amending the registered agent and/or registered office address on our records, enter the	e name of the hew registere
gent and/or the new registered office address here:	N "
Name of New Registered Agent:	= =
	. (3
New Registered Office Address: Enter Florida street address	F3 F3
Clari	da

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.

Cirv

Zip Code

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>	Address	Type of Action
AMBR	DAVID FRANCISCO FRANCISC	3730 BELMONT ST	□ Add
		FORT MYERS, FL 33916	□Remove
			□ Change
			□ Add
			□Remove
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			□Add
			□Remove
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	7/1/2021		62 :
ective date, if other than the	e date of filing:	(optional)	
	st be specific and cannot be prior to date of fi lock does not meet the applicable statut department of State's records.		
ecord specifies a delayed effectives filed.	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th	day after th
JULY IST	2021		
1	<u> </u>		
+ FI	Signature of a member or authorized repre		

Typed or printed name of signee