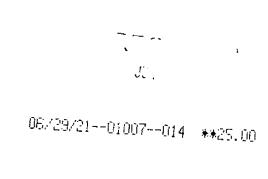
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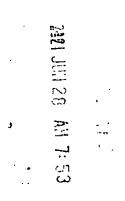
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

TO: Registration Section Division of Corporation			·
SUBJECT. Ante	s lawn co	156	
SUBJECT: TAIL	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Anthony	Ster Name of Person	
	Ants la	In Care Firm/Company	
	<u>508 J</u>	ackson ave	
	Lake Wa	City/State and Zip Code	3
	Ant F 98° E-mail address: (Bat Gmail. Com to be used for future annual report note	fication)
For further information cond	eerning this matter, please ca	all:	
Anthony Name of P	FOSTER	at (<u>\$63</u>) <u>\$63</u> Area Code Daytim	-205-6027 ne Telephone Number
Enclosed is a check for the f	following amount:		
図 \$25.00 Filing Fee	S30.00 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 路到 30日28 科 7:53 Ants lawn care

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12100225427	were filed on $05/14/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	509 Jackson ave
(Principal office address MUST BE A STREET ADDRESS)	Lake wales fl. 33853
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	508 Juckson ave Lake wales F1,33853
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
	ony foster
New Registered Office Address: 508)	ackson are Lake wales FL Enter Florida street address
Lake	Enter Florida street address Wales , Florida 33 \$53 City 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.

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>	Address	221 JUI 28 A	H 7:53 I	Type of Action
MGR	Anthony Foster	508 Sc	ickson ave,		_ ∐Add
					_ □Remove
					_ Change
			#1-10·		_ 🗆 Add
			<u>.</u>		_ □Remove
					_ Change
				·	_ 🗆 Add
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					_ □Change
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			-11-11-7		_ □Change
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					_ □Remove
					_ □Change
					_ 🗆 Add
					_□Remove
					C)Channa

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