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Special Instructions to	Filing Officer:	
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COVER LETTER

	istration Sec ision of Corp		ve.	
		NGUYS II LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Stacey Kwiat		
			Name of Person	
		THE LAWNGUYS II LLC	•	
			Firm/Company	
		1235 Scottsdale Dr		
			Address	
		Ormond Beach, FL 32174		
		staceysells32174@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual repor	t notification)
For further in	nformation co	oncerning this matter, please co	all:	
Stacey Kwia	ıt		386 299-885	⁷ 6
	Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	_	Street Addre	
	gistration S vision of C	orporations	Registration Division of	Section Corporations
	D. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		' 2
THE LAWNGUYS II LLC		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	(A Florida Limited Liability Company)	on our records.)
		ŗ,
The Articles of Organization for this Limited L	liability Company were filed on with	8/2021 and assigned:
Florida document number 87-1009594		유명 연
	·	58 CT
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name o	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company" the des	ionation "L1 C" or the abbreviation "L1 C"
The new manie must be distinguishable and contain the	Tallined Islandy Company, the des	ignation 12.2. Of the more running 12.12.
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS	
(Frincipal Office address prost BE A STREE	<u> </u>	
Enter new mailing address, if applicable:		
•	-	
(Mailing address MAY BE A POST OFFICE	(BOX)	
	-	
B. If amending the registered agent and/or	-anistand office address on our pas	ands outsuithe name of the new verticions
is. If amending the registered agent and/of agent and/or the new registered office addre		orus, enter the hame of the new registered
agent and/or the new registered office addit		
Name of New Registered Agent:	STACEY KWIAT	
	1225 0440/97005 4 1 5 1515	
New Registered Office Address:	1235 SCOTTSDALE DR	
	Enter Florid	la street address
	ORMOND BEACH	, Florida ³²¹⁷⁴
	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	Type of Action
MGR	JOHN ALBERT TAYLOR, JR	4625 AUDUBON AVE	□Add
		DELEON SPRINGS, FL 32130	■Remove
			□Change
			□Add
			□Remove
			©Change
			□Add
			□Rеточе
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change

Flective date, if other than the date of filing: 07/12/22 (optional) 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 one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becument's effective date on the Department of State's records.	— — — —
Rective date, if other than the date of filing:	——————————————————————————————————————
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	after th
<u> </u>	282
ted JULY 12 2022	
	ر ال
Signature of a member or authorized representative of a member	ל טער וּ
, li.,	6. TOP 2
BRIAN SANCHEZ Typed or printed name of signee	-

Filing Fee: \$25.00