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SECRETARY OF STATE

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MAY 0.2 2022

COVER LETTER

TO: Registration Sec Division of Corp					
	LAWN & LANDSCAPING L	LC .	e.		
SUBJECT:	Name of Limi	ed Liability Company	•		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspor	idence concerning this matter t	o the following:			
	CARLOS ALBERTO MAI	NCHAME ENAMORADO			
	4,1,	Name of Person			
	PARADISE LAWN & LA	NDSCAPING LLC			
		Firm/Company	, , , , , , , , , , , , , , , , , , , 		
	430 NW 40TH CT. APT 3				
		Address			
	OAKLAND PARK, FL 33	309			
		City/State and Zip Code	<u> </u>		
	carlosenamorado856@gmai	Leom to be used for future annual report n	stiffertion)		
			ottineation)		
For further information co	oncerning this matter, please ca				
CARLOS ALBERTO MANCHAME		754 801-0336 at ()			
Name of	Person	Area Code Dayı	ime Telephone Number		
Enclosed is a check for th	ne 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 Addres		Street Address: Registration S			
Registration S Division of C		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION D OF

2022 APR 11 AM 7: 45

PARADISE LAWN & LANDSCAPING LLC	٥٥٥	SETARY OF STATE	<u> </u>
PARADISE LAWN & LANDSCAPING LLC (Name of the Limited Liability Co (A Florida Lim	ompany as it now appeared Liability Company	CAPACIONES.FL	
The Articles of Organization for this Limited Liability Comp.	oany were filed on _	06/08/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	<u>iere</u> :	
ENAMORADO LAWN SERVICES, LLC.			
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:		Av	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	, <u>,</u>
		Florida	l
	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 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
			🗀 Add
			Remove
			☐Change
			□Add
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document	t's effective date on th	e Department o	f'State's record	s.			
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recora s d is tiled	pecifies a delayed effe	ctive date, but r	iot an effective	time, at 12:01 a.i	n. on the earlier	of: (b) The 90th d	ay after the
Dated	03/18/22		_ ,	·			
		(1				
	•	Signature of	a manufar or aut	horized representa	iva of a mambar		