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COVER LETTER

SUBJECT: Nun Lawn Pros LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Donald Aldarelli Name of Person	
Num Lawn Pros LLC Firm/Company	
12046 Agana Street	
Orland, FL, 32837 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Danald Aldavelli at (321) 888-6385 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	atus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Mun Lawn Pr (Name of the Limited)	o S 446 Liability Compan Florida Limited Li	v as it now appea ability Company)	irs on our re	ecords.)	<u>.</u> .		
The Articles of Organization for this Limited Liab Florida document number <u>L21000274368</u>	ility Company v					and as	signed
This amendment is submitted to amend the following	ing:						
A. If amending name, <u>enter the new name of th</u>	<u>e limited liabil</u>	ity company h	ere:				
The new name must be distinguishable and contain the word							
Enter new principal offices address, if applicabl	le:	12046	Agani	st		2024	
Principal office address MUST BE A STREET A	ADDRESS)	12046 Orlando	FL 35	2837	Million General William	FEB	<u> </u>
					<u> </u>	2	
Enter new mailing address, if applicable:		12046 Orland	Ayana	st	E C	PM L	
Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	_ Orland	y FL	328	3.河至	10	
B. If amending the registered agent and/or regingent and/or the new registered office address h	<u>iere</u> :						
Name of New Registered Agent:	Donald	Alda	relli				
New Registered Office Address:	<u>no 46</u>	Alda Agana : Emer Flo	St orida street a	ldress			
_	Odan	0		, Florid:	<u>32.8</u>	37	
New Registered Agent's Signature, if changing Reg		City			Z	ip Code	<u></u>

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. Thereby confirm that the limited hability 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>	Name	Address	Type of Action
MGR	Jomes Nunn	14to Pear ave	🗆 Add
		Delkna FL 32731	ÆRemove
			□Change
MGR	Donald Aldurelli	12046 Agana st	∑ Add
		orlando FL 3283)	□Remove
		12046 Agazon 5+	Change
MGR	Andrew Tenneboe	Odan do FL, 3283)	& Add
			□Remove
			□Change
			□Add
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fective date, if n effective date is ote: If the date i cument's effecti	listed, the date m nserted in this	ust be specific ar block does not	nd cannot be pri meet the appl	licable statutory	g or more than 9		ng.) Pursuant to 6	
ecord specifies a is filed.	delayed effect	ive date, but no	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day at	fter the
	1/2024	·		·				
ted <u>0//2</u> 4	 -							
ned <u>0//2</u>	#3	Signature of a	member or an	thorized tenreset	unive of a mer	her		