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(F	Requestor's Name)
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PICK-UP	MAIL MAIL
<u> </u>	Business Entity Name)
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Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
· SUBJECT: House & Garden Services 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:	
Patrick Wyss Name of Person	-
Firm/Company	-
1625 Kirkwood Street	-
North Port FL, 34288 City/State and Zip Code	-
Info@houseardgarden - Services. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	2022 SEP SECRET
Patrick Wyss at (239) 264 87 84 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	PH H: H
(additional copy is enclosed) Certified	iling Fee』→ ate of Status &

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

House & Garden Services 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 $\frac{06/15/2021}{0.00000000000000000000000000000000000$			
Florida document number <u>L21000277858</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	House & Garden Services LLC			
(Principal office address MUST BE A STREET ADDRESS)	1625 Kirkwood Street			
	North Port FL, 34288			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	House & Garden Services Log TI 1625 Kirkwood Street ST 8 TI North Port TL, 34288 TE			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
agent and/or the new registered office address here.				
Name of New Registered Agent: Patricl	c Wyss			
New Registered Office Address: 1625 K	Enter Florida street address			
North S	Port Florida 34288 Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<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. 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
HGB_	Patrick Wyss	1625 Kidwood Street	🖾 Add
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			□Change
MGB	Patrick Wyss	Alpenstrasse 42	□Add
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	must be specific is block does no	and cannot be proof of meet the app	licable statutory	; or more than 90 day			
record specifies a delayed effe Lis filed.	ective date, but	not an effective	e time, at 12:01	a.m. on the earlier	of: (b) The 90	ih day after	the
vared <u>September</u>	26	. 2027	<u>-</u> -				
Dated September	Lit	10		tative of a member			

Filing Fee: \$25.00