## 121000367800

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

TO:

B&C Lawn SUBJECT:	Techs, LLC	, •	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bart Hutchinson		
		Name of Person	
	B&C Lawn Techs LLC		
	1-1	Firm/Company	
	740 Angle St NE		
		Address	
	Palm Bay, Florida 32905		
	-	City/State and Zip Code	
	barthutch4@gmail.com	to be used for future annual report no	tification)
For further information c	oncerning this matter, please of		······································
Bart Hutchinson		321 334-8234	
Name of Person		at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&C Lawn Techs, LLC 47 77 6: 34

(Name of the Limite	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L21000367800	ability Company were filed on 08/16/2021	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	TADDRESS)	4
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	gistered office address on our records, enter th	e name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	da Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	

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 27 81 6: 34	Type of Action
AMBR	Bart Hutchinson	740 Angle St NE ,	<b>=</b> Add
		Palm Bay, FL 32905	
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
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(a <b>d)</b> ling.) Pursuant to 605.0207 (3) late will not be listed as the
The 90th day after the

Typed or printed name of signee