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2022 APR -1 AM 8: 46
SEGRETARY OF STATE

A. BUTLER APR 0.5 2022

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations						
Lily Lawn	Care, LLC					
SUBJECT:	T: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Victor R. Rivera					
		Name of Person				
		Firm/Company				
	7803 SW 6th Court	<del></del>				
		Address				
	North Lauderdale, FL 330					
	spartacus6846@hotmail.co	City/State and Zip Code				
•	E-mail address: (	to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	all:				
Victor R. Rivera		561 262-9823 at ()				
Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for the	he 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 Section		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

Lily Lawn Care, LLC

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on October 14, 2021 and assigned Florida document number L21000448292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lily Lawn Service, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address , Florida \_ City 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
AMBR	Victor R. Rivera	7803 SW 6th Court	
		North Lauderdale, FL 33068	□Remove
AMBR Lillian	Lillian Rivera	8410 N.W. 35th Street	□Add
		Coral Springs, FL 33065	
			■Change
	·- <u>-</u>		□Add
			□ Remove
			□ Change
			□Add
			ElRemove
			Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

f amending any oth	information, enter change(s) here: (Attach additional sheets, if necessary.)			
·				
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f an effective date is listed, Note: If the date inserte	r than the date of filing:			
record specifies a dela d is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the			
Dated March 11.	Victus R Rimo			
	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00