K21000 479276

Office Use Only



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T. MATTHEWS FEB 2 2 2022

COVER LETTER

TO:

ection rporations			
	ited Liability Company		
. f Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
Cadea McKenzie			
	Name of Person		
Anthony's Lawn Company	, LLC		
	Firm/Company		
6847 118TH PL			
	Address		
Largo, FL 33773			
	City/State and Zip Code		
		fication)	
concerning this matter, please of	all:		
	727 657-8031		
of Person	Area Code Daytim	e Telephone Number	
the following amount:			
☐ \$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)	
	Street Address: Registration Se	ction	
Division of Corporations		Division of Corporations	
		`allahassee e Street, Suite 810	
	Anthony's Lawn Company Largo, FL 33773 Mommac 11503@yahoo.com E-mail address: (concerning this matter, please company of Person the following amount: S30.00 Filing Fee & Certificate of Status	Anthony's Lawn Company. LLC Cadea McKenzie	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anthony's Lawn Company, LLC

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(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 11/05/2021 _____ and assigned Florida document number L21000479276 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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

_, Florida ___

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	Cadea McKenzie	6847 118TH PL	■Add
		Largo, FL 33773	□Remove
			☐ Change
			□Add
			□Remove
			Change
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fective date, if other than the n effective date is listed, the date muste: If the date inserted in this blocument's effective date on the D	ock does not meet the app	licable statutory filing	(optional) to than 90 days after filing.) Purequirements, this date will	rsuant to 605.0207 (3)(b) I not be listed as the
ecord specifies a delayed effectiv is filed.	e date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b) The 9	Oth day after the
January 5	2022			