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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor		•	-		
emb it/~	Picture Per	fect Lawn Care & Pressure Wa	ishing LLC			
SUBJECT: Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	im all correspo	ondence concerning this matter	to the following:			
		Filing Angela				
			Name of Person			
		ZenBusiness, Inc.				
			Firm/Company			
		5511 Parkerest Drive, STI	E 103			
			Address			
		Austin, TX 78731				
		fulfillment@zenbusiness.cc	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	cation)		
For further	r information c	oncerning this matter, please c	all:			
Filing An	gela		844 493-6249			
	Name o	f Person		Telephone Number		
Enclosed i	is a check for th	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Picture Perfect Lawn Care & Pressure Washing 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 $\frac{12/13/2021}{12/13/2021}$ Florida document number 1.21000524809 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cook's Produce L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 Cirv

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
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