h22000	0039735		
(Requestor's Name) (Address) (Address)	200385126362		
(City/State/Zip/Phone #)	04,/08,/22~~01014~-014 **25.00		
Special Instructions to Filing Officer:	FILED 2022 APR -8 AM 6: 26 SECRETARY OF STATE TALLAHASSEE, FL		
	O SIMMONS APR 2 2 2022		

· · · · · ·

٠

ľ

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: 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:



For further information concerning this matter, please call:



Enclosed is a check for the following amount:

🖻 \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	
T	0
ARTICLES OF C	DRGANIZATION F 2022 APR -8 AM 6: 26
0	
<u>(Name of the Limited Liability Compa</u> (A Florida Limited 1	SECRETAR (DOR STATE O DALL SALISSEE, FL Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LA2000038</u> 735	were filed on 119122 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
·	City Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR CEO	Codey 2. Taylor	2355 Cepterulle Rd	_ 13,5005
		<u>Address</u> <u>2355 Contorulle Rel</u> Tallabassa, <u>2132303</u>	🗆 Remove
			①Change
			🗆 Add
			🗌 Remove
			□Change
			🗆 Add
		<u> </u>	🗌 Remove
			[]Change
			🗋 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

			<u></u>		
		·· ····			
· · · · · · · · · · · · · · · · · · ·					
	<u> </u>			-	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Crpr. 1 157 . 2022.	
God x 7	
Signature of a member or authorized representative of a member	
Cody Lamor Taylor	
Typed or printed name of signee	

Filing Fee: \$25.00



Please mail to Attention: Tallahassee Lawn Salon LLC 2355 Centerville Rd -123003 Tallahassee, FL 32308 Daytime ph: 850-545-5482