K22000085108

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T. MATTHEWS MAR 2 Z 20ZZ

COVER LETTER

TO:

Registration Section Division of Corporations

G. RAY'S I	LAWNCARE SERVICES LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	REGINALD'S RAY SR.				
		Name of Person			
	G. RAY'S LAWNCARE S	ERVICES LLC			
	***	Firm/Company			
	125 GOLDWIRE ROAD				
		Address			
	QUINCY FL. 32352				
		City/State and Zip Code			
	GRAYSLAWNCAREFL@	GMAIL.COM			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
		at () Area Code Daytin			
Name o	f Person	Area Code Daytin	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632	.7	The Centre of T	The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. RAY'S LAWNCARE SERVICES LLC

22 KAP 14 PH 2: 20

(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 FEB.22.2022	and assigned
Florida document number L22000085108		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	the abbreviation "L.I.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 agent and/or the new registered office address here:	nddress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
	Florid	aZip Code
	ziņ.	imp cour

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, 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>	<u>Address</u>	Type of Action
MGR	REGINALD S RAY SR	125 GOLDWIRE RD QUINCY FL. 32352	■Add
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ective date, if other to n effective date is listed, the te: If the date inserted in cument's effective date of	in this block does no	ot meet the applica	o date of filing or more ble statutory filing t	(option e than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
ecord specifies a delayed	l effective date, but	not an effective tii	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is filed.					
MARCH 10		2022			
ted MARCH 10		·			
MARCH 10		·	rized representative of	a member	