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(Requestor's Name)
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TALLAHASSEE, FLORIDA

S. PRATHER

COVER LETTER

ello inco		ANDSCAPING AND PROPE	ERTY MAINTENANCE LLC	
SUBJECT: Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Jhanese Hoosain		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
336 E. College Ave. Suite 301				
Address				
Tallahassee, FL 32301				
		fulfillment@zenbusiness.co	City/State and Zip Code om	
		E-mail address: ()	to be used for future annual report not	ification)
For further	r information c	oncerning this matter, please ca	ıll:	
Jhanese H	loosain		844 493-6249 at ()	
	Name o	f Person		ne Telephone Number
Enclosed i	s 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

IALLAHASSEE FLORIG	2022 MAY -2 AH	
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ORI	- <u>-</u> -!	
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NUTURE LANDSCAPING AND PROPERTY MAINTENANCE LLC

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

		03/14/2022	7: 4 7: 14 0RIE
The Articles of Organization for this Limited I		n	and assigned
Florida document number 1.22000126634			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability compar	ıy here:	
Nurture landscaping and property maintenance LI	C		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		s on our records, <u>en</u>	ter the name of the r
Name of New Negistered Agent.		<u> </u>	
New Registered Office Address:	336 E. College Ave. Suite 3		
	Ente	r Florida street address	
	Tallahassee	Florida	32301
	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.

f Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			O Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Change

, •		
E. Effec	ctive date, if other than the date of filing:	0207 (245)
<u>Note</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliese 90th day after the record is filed.	er of:
15.		
Dated	d	
	/s/ Theodore Defoe	
	Theodore Defoe Typed or printed name of signee	71
	Typed or printed name of signee	
		\Box
	Page 3 of 3	

Filing Fee: \$25.00

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