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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SENDER - LAWN CARE SERVICE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:
JEREMY JOSEPH SENDER Name of Person
SENDER - LAWN CARE SERVICE LLC Fim/Company
144 19 DESILU DRIJE Address
OPLANDO, FLORIDA 32832  City/State and Zip Code  TEREMY. SENDER DYAHOO. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEREMY J. SENDER at (407) 883-9748  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ \$55.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN - 6 AM 11 - 26

SENDER - LAWN CAR	E SERVICE LLC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records. FC ALT OF STATE INTERIOR TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Com	pany were filed on 04/06/2022 and assigned
Horida document number <u>L22000127540</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
SENDER LAWN CARE AND S	ERVICES LLC
The new name must be distinguishable and contain the words "Limited	ERVICES LLC Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14419 DESILU BRIVE
Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	ffice 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: JEPE	EMY JOSEPH SENDER
New Registered Office Address: 144	19 DESILU DRIVE
	Enter Florida street address
06	City Florida 32832
	City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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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