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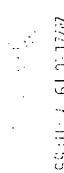
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## **COVER LETTER**

	tration Sec ion of Corp			
SUBJECT:	15	LAWN Name of Limit	MAINTENANC ited Liability Company	e LLC.
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	ll correspon	dence concerning this matter	to the following:	
		-	Jahnson Name of Person 1 maintena	ancecle
		6302 Hill	Rd, Orland	40 Fl. 32810
		Or/ando Corcy 10 E-mail address: (a	City/State and Zip Code  - 16-72 Q g w o be used for future annual report flotific	79.1.1.10m 19
For further info	rmation con	cerning this matter, please ca		us - · · - , *
Core	Name of I	Ohn Son Person	at (407) 600 - Area Code Daytime	- 22 973 Signatural Telephone Number
Enclosed is a ch	neck for the	following amount:		
S25.00 Filin	ng 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)
Regis Divisi	g Address: tration Se ion of Cor Box 6327		Street Address: Registration Sect Division of Corpo The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	M 9 1 y ed Liability Company a (A Florida Limited Liab	1 ton an	te LL	<u>_</u>		
The Articles of Organization for this Limited Li Florida document number $\angle 22000$ / This amendment is submitted to amend the following	ability Company we 64 <sup>7</sup> 734 owing:	re filed on <u>04</u>	_	<u>22</u>	nd assigne	d
A. If amending name, enter the new name of			_			
The new name must be distinguishable and contain the wa		Company." the designa	tion "LLC" or the ab	breviati	on "L.L.C."	
Enter new principal offices address, if applica	able:				200	
(Principal office address MUST BE A STREE	T ADDRESS)				20	
	_			:	<del>( ;</del> ;	,
		<u>-</u>			9	
Enter new mailing address, if applicable:						•
•	— nov	<del>-</del> -				
(Mailing address MAY BE A POST OFFICE L	<u> </u>		<del></del> -			<del></del> -
	_			<u> </u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office addr s here:	ress on our record	s, <u>enter the nam</u>	e of th	e new reg	<u>istered</u>
Name of New Registered Agent:	Corey	Johnson	on_			
New Registered Office Address:	6302	H/ / // Enter Florida str	R <sub>1</sub> d, eet address			<del></del> -
	orlando	City	Florida <i>[</i>	[- ] Zip (	328 Code	<u> </u>

## 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
AMBN	Corey Johnson	6302K/11Rd.	EAdd
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			□Change
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fective date, if other than the date of filing:		(option:	al)	
an effective date is listed, the date must be specific and cannot be prior to do ote: If the date inserted in this block does not meet the applicable occurrent's effective date on the Department of State's green.	ate of filing or more than statutory filing requir	90 days after tili ements, this da	ng.) Pursua ite will no	int to 605.02 of be listed
cument's effective date on the Department of State's records.				
ecord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the e	urlier of: (b)	The 90th a	day aftar th
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ted 08-27-2022				
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Signature of a member or authorized				