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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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T. MATTHEWS Jun 28 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOUIS AND COMPANY LAWN CARE LLC 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:	
RONY P. LOUIS Name of Person	
LOUIS And COMPGNY Lawn CARE LLC Firm/Company	
5035 ADMINISTRATION STreet	
Port Charlotte, FL 33948 City/State and Zip Code	
Sheq Louis @ 9 mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROW P. LOUIS Area Code Daytime Telephone Number Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee. Certificate of Status \$\Bigcup \$ Certificate of Status \& Certified Copy \$ Certificate of Status \& Certified Copy \$ Certif	'ċ

Mailing Address:

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

Street Address:

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION FILED STATE OF STATE OF

(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	4-8-22	and assigned
Florida document number <u>L22D00170474</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the abbr	eviation "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 acagent and/or the new registered office address here:	ddress on our re	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Flori	da street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of i	my duties, and I am fai	miliar with and

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AQ_	Rhishea Louis	5035 Administration St	DAdd
		Port Charlotte, FL 3354	Remove
		5035 Administration	□ Change
AMBR	JARA Rhisher Louis	post Charlotte, Fr339	47 XVdd
			□Remove
			□Change
			□ ∧dd
			□Remove
			□Change
···		 	🗆 Add
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			□Remove

	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is f	rd 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 led.
Dated	may 2nd 2022.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
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