L22000171844

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COVER LETTER

TO: Registration S Division of Co				
	LAWN CARE SERVICE LLO			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	FELIX M BRUNO		1	
		Name of Person		
		Firm/Company		
	9 CEDAR RD			
	· ·	Address		
	OCALA, FL 34472	-		
		City/State and Zip Code		
	bruno'slawncareservices@g			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please o	all:		
FELIX M BRUNO		352 4335847		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00 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 Addre		Street Address:	undi au	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUNO'S LAWN CARE SERVICE LLC		
(Name of the Limited Liab) (A Flori	llity Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L22000171844	Company were filed on <u>04-07-2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZIZZ JU SECRE
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>enter tl</u> :	P.S. A. I
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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.

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
AMBR	MIGUEL A BRUNO		
		9 CEDAR RD OCALA, FL 34472	≅Remove
			□Change
AMBR	ANGELA I BRUNO	9 CEDAR RD OCALA, FL 34472	□Add
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		· 	Change
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2/24/23	_	
E. Effective date, if other than the date of filing:	05.0207 (3)(sted as the	b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day affector is filed.	ter the	
Dated 7/21/23 + 24/12		
Signature of a member or authorized representative of a member Feliz Bivno Typed or printed name of signee		

Filing Fee: \$25.00