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(City	/State/Zip/Phone	e #)
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2022 HOV = 7 AT 10: 52

COVER LETTER

TO:

TO: Registration S Division of Co			
	wn Care LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Hillary Hughes		
		Name of Person	
	Talon's Lawn Care LLC		
		Firm/Company	
	8228 17th St.		
		Address	
	Seminole, FL 33776		
	talonslawncare@gmail.com	City/State and Zip Code	
		to be used for future annual report noti-	fication)
For further information	concerning this matter, please ca	all:	
Hillary A. Hughes		727 272-4430	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L22000199415	Liability Company	were filed on 4/27/2022	and ass	igned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	i <u>lity company here</u> :		
Talon's Lawn Care LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if appli	cable:	8228 127th Street		
(Principal office address MUST BE A STREET ADDRESS)		Seminole, FL 33776		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	8228 127th Street Seminole, FL 33776		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>enter the</u>	e name of the new	w registe
Name of New Registered Agent:	Hillary A. Hug	hess	7.00.	Ī .
New Registered Office Address:	8228 127th Str	eet Enter Florida street address	(1) A (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	r-:
	Seminole	, Floric	da 33776 $\stackrel{\sim}{\sim}$	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Talon's Loum Core

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Talon P. Williams	8228 127th Street		
		Seminole, FL 33776	□Remove
		- <u></u>	≡ Change
MGR Hillary A. Hughes	Hillary A. Hughes	8228 127th Street	≣Add
		Seminole, FL 33776	□Remove
			☐ Change
			□Remove
			Change
			DAdd
			□Remove
			□Change
		□Add	
		Remove	
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			□Remove
			□Change

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