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(Requestor's Name)		
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(Cit	y/State/Zip/Phone	<u>.</u> #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	2 OLD MEN LAWNSERVICE AND PRESSUREWASHING LLC			
JOBSEC 1.		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOHN TONGUE		
			Name of Person	
			Firm/Company	
		6616 HOPI TRAIL		
			Address	
			City/State and Zip Code	
		LEESBURG FL 34748		· (4)
For further in	iformation c	is-mail address: () oncerning this matter, please co	to be used for future annual report noticall:	inication)
JOHN TONG			704 490 1094	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
Reg	iling Addres gistration S	Section	Street Address: Registration Se	
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

	TO	
ARTICLES	OF ORGANIZATIO	N es 🤼
	OF	
		U CAR
2 OLD MENLAWNSEVICE AND PRESSUR	EWASHING	N Republication
(Name of the Limited Liability	Company as it now appears on climited Liability Company)	our records.)
(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company " the designs	ation "LLC" or the abbreviation "LLC"
The new hame must be distinguishable and contain the words. Emitted	a claimity company, the design	and the of the abstraction bis.c.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered	office address on our record	ds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Paristand Agent		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	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
	JOHN TONGUE	6616 HOPI TRAIL	□Add
		LEESBURG	■Remove
		FLORIDA 34748	Change
			□Remove
			□ Change
			□Add
		Remove	
			Change
			□Add
			□ Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
The address for the business 15	
26/25 Hur 27 Lot #35	
Leeshung El 34748 My Dodoressis	
LEESDIG 1, OTT 10, MY MOGICS	
15 66/6 Hopi Trail Leesburg Fl	
34748	
20 77	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied (b) The 90th day after the record is filed.	r of :
Dated	
Signature of a member or adthorized representative of a member	
Tonsue Tonsue Typed or printed name of signee	
Typed or printed name of signee	