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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JK & Sons Solutions, UC 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:
John Roush Name of Person
Firm/Company
4025 Apple Ave
Cocco, FL, 32927 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Uohn Roush  Name of Person  at (321) 986-7610  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{S25.00 Filing Fee} \text{ S30.00 Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)}}  \$\text{Certified

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	lutions	LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears of d Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liability Compart Florida document number <u>L 2200022845</u> \	ny were filed on MO	14 16,2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia  BYLVAYA LAWN SOLU  The new name must be distinguishable and contain the words "Limited Lia!	tions, Ll	LC	ntion "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			024
	<del></del>	<del></del>	
			t ça
Enter new mailing address, if applicable:			<del>-0</del>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	<u> </u>		сл
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City	Zi	p 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

Title	<u>Name</u>	Address	Type of Action
<del></del>			□Add
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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 605.0207 (Nate: 1ft to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  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 after the cord is filted.  Dated  31.32.2024  Signature of a member or authorized representative of a member		
Note: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  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 after the ord is filed.  Dated		
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Signature of a member or authorized representative of a member	Dated	3/3/2024
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/ \alpha		a demonstrative of a memori

Filing Fee: \$25.00