L22000241981

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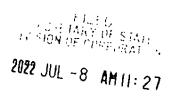
TO:

Registration Section

Division of Cor	porations		
VIERA LA	WN CARE LLC		_
	Name of Limi	ited 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:	
	DANNY COLACHE-ISAZ	L A	
		Name of Person	
	VIERA LAWN CARE LL	c	
		Firm/Company	
	3430 REIGN STREET		
		Address	
	MELBOURNE, FL 32934		
	DOOLAGUE COMAIL CO	City/State and Zip Code	
	DCOLACHE@GMAIL.CC E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca		
DANNY COLACHE-IS.	Α7.Λ	321- 261-1165	
Name o	f Person	at ()	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VIERA LAWN CARE LLC

company has been notified in writing of this change.

(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 Compan	y were filed on $\frac{05/24/}{}$	2022	and assigned
Florida document number L22000241981			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:	:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	mation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(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	address on our reco	ords, enter the name	e of the new register
agent and/or the new registered office address here:		, 	
Name of New Registered Agent:			
New Registered Office Address:	· ·	····	
	Enter Florida	street address	
		, Florida	7.01.
	•		Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet			
accept the obligations of my position as registered agent as			

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
AMBR	MANAGE LAWNS LLC	105 SIOUX DRIVE	■Add
		INDIAN HARBOUR BEACH, FL 32937	□Remove
			Change
			□ Remove
			Change
			🖾 Add
			□Remove
			□Change
			🗆 🗆 🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
		<u></u>	□Remove
			□ Change

ate of filing:	o date of filing or more the	(optional) an 90 days after filing.) uirements, this date	2022 JUL 8 AM II: 27 Pursuant to 60 will not be lis
07/01/2022 ate of filing:		(optional)	AM II: 27
			AM II:
			2022 JUL
			2022
		· · · · · · · · · · · · · · · · · · ·	
	<i>y</i>		

Typed or printed name of signee

DANNY COLACHE-ISAZA