KZZ CCC 245572

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J 8/28/2022

COVER LETTER

TO:	Registration Se Division of Cor				
CUD IEZ		RT ROAD NURSERY, LLC			
SUBJEC	.,1;	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		Raylee McGough			
			Name of Person		
		John H. Rains HL P.A.			
			Firm/Company		
		501 E. Kennedy Blvd; Suit	ne 750		
			Address		
		Tampa, FL 33602			
			City/State and Zip Code		
		nncgough@johnrains.com			
			to be used for future annual report r	notification)	
For furth	her information c	oncerning this matter, please c	all:		
Raylee	McGough		813 221-2777		
	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclose	d is a check for t	he following amoum:			
■ \$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 Address Registration		Street Address Registration		
	Division of C		Division of C	Division of Corporations	
	P.O. Box 632			f Tallahassee	
	Tallahassee.	FL 3Z314	2410 N. Mor	roc Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 13 FH 8: 25

HAND CART ROAD NURSERY, LL	•
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L22000245372</u>	ility Company were filed on May 26, 2022 and assigned and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	he limited liability company here:
HANDCART ROAD NURSERY, LLC	
The new name must be distinguishable and contain the work	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2X)
-	
	istered office address on our records, enter the name of the new registered
agent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Ciry 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□ Rепюче
			□ Change
			□ Rетюче
			□Add
			□Chanve

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	May 26, 2022 (optional)
E. Eff (If at <u>Ne</u> do	May 26, 2022 (optional) reflective date, if other than the date of filing: n 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 (te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
If the 1 record	ecord 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 is filed.
Da	ared June 7^{+11} $\frac{2022}{}$
,,,	
	Significated member of authorized representative of a member John M Faulkner Typed or printed name of signee

Filing Fee: \$25.00