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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
 		

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2022 JUL -8 AM II: 32

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S. PRATHER

COVER LETTER

TO:

ΓΟ: Registration of	on Section Corporations		,
	Lawn Care LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
1	respondence concerning this matter		
	Shawna Lopez		
		Name of Person	
	Sisters Lawn Care LLC		
!		Firm/Company	
·	1585 Monte Carlo Court		
	-	Address	
	Merritt Island, FL 32952		
		City/State and Zip Code	-
	sistersadventures@proton.n		
		to be used for future annual report notification)
For further informat	ion concerning this matter, please c	all:	
Shawna Lopez		321 324-1881 at ()	
N	ame of Person	Area Code Daytime Telepl	hone Number
Enclosed is a check	for the following amount:		
☐ \$25.00 Filing F	ee \$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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sisters Lawn Care LLC		2022 FĂLL
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	JUL -
The Articles of Organization for this Limited Liability Company	were filed on 6/23/2022	and assigned
Florida document number L22000277619		and assigned FLORIDA
This amendment is submitted to amend the following:		32 1574
A. If amending name, enter the new name of the limited liab	ility company here:	
Sisters Adventures 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 applicable:	63 N Orlando Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Cocoa Beach, Fl. 32931	
Enter new mailing address, if applicable:	1585 Monte Carlo Ct.	
(Mailing address MAY BE A POST OFFICE BOX)	Merritt Island, FL. 32952	
1		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

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
	1		□Remove
			□Change
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			□Remove
	 		□Add
			□Remove
			□Change
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			□Remove
		 	☐ Change
	1	<u> </u>	□ Add
			□Remove
			□Change

If amending any	other informati	on, enter cha	inge(s) here:	(Attach addition	al sheets, if nece.	ssary.)	
							
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f an effective date is Note: If the date	other than the d listed, the date must linserted in this bloc ive date on the Dep	be specific and ca ck does not me	annot be prior to det the applicable			iling.) Pursuant to	
record specifies distributed.	a delayed effective	date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
July 5			2022			W.	2
Dated July 3	- 1/A/			./			2022 JUL
_ 	/_/_/	<u>- 1/ </u>	X - X			٠٠٠ -	- 8
١	/ Cogs	lignature of a me	imper or authorize	ed representative of	a member		

Filing Fee: \$25.00