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SECRETARY OF STATE
TALLAHASSEF FI

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JP Land Maintenance LLC 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:
Name of Person Name of Person Firm/Company
2014 Derby Wood Do
Branclon Fl 33816 City/State and Zip Code
F-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	entende IC as it now appears on our records.)
(A Florida Limited Lin	A
The Articles of Organization for this Limited Liability Company we	ere filed on 1 (17 28 2622 and assigned
Florida document number 1 22060 290 780	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.F.C" or the abbreviation "L.F.C."
Enter new principal offices address, if applicable:	022 TA
(Principal office address MUST BE A STREET ADDRESS)	PT P
-	
	SEE SEE
Enter new mailing address, if applicable:	· · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	32 ATE
-	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

Zip Code

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 Name Address Type of Action MGR Timothy REStep de 2014 Derby Wood Dr DAdd Brandon Fl 33510 PROMOVE m(-12 Cardie K Mayes 513 Bryan Valley Ct MADO Brandon Fl 33516 Remove □Change ___ Change □ Remove _____ □Change _____ □Remove ____ □Change

 \square Add

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) extive 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he reconord is fil	
Dated .	9-7-2022 2022 Signature of a member or authorized representative of a member