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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	YS Trrigation Name of Limi	and Lawn Sited Liability Company	Service LL	C	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Sinc	Name of Person	.O·		
		Firm/Company			
		10th St W Lo	ot 9		
	Palmetto djimar Engliddress: (1	Eity/State and Zip Code  Gue 2 2 3 @ Icloud  ope used for future annual report noti	L. Com		
For further information co	oncerning this matter, please ca	all:			
Sindy Name of	Zamudio Person	at ( <u>941</u> ) <u>465-</u> Area Code Daytim	- 7831 e Telephone Number	2022 AUG 23	14123
Enclosed is a check for th	e following amount:		ָ ָ ע	77 20 20 20 20 20 20 20 20 20 20 20 20 20	
□ \$25.00 Filing Fee	<b>E</b> \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fili Certificate Certified C	gratianistic	0
Mailing Address		Street Address:	ction		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

Name of the Limited Li	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document numberL22000298  This amendment is submitted to amend the followin	
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words.  Enter new principal offices address, if applicable.  (Principal office address MUST BE A STREET All	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	SECRETARY OF STALLAHASSEE.
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of The new registered ere:
Name of New Registered Agent:	Jose Marquez
New Registered Office Address:	Emer Florida street address
_	Palmetto Florida 34221 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.

Tosar Maiguez 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>	Address	Type of Action
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record sp is filed.	ecifies a delayed	effective date,	but not an	effective tin	ne, at 12:01:	a.m. on the e	arlier of: (b	) The 90t	h day a	fter the
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