## L2200321109

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOI	RNE
	MAR 3 (	<b>20</b> 29

Office Use Only



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## **COVER LETTER**

	on of Cor	porations				
EI SUBJECT:		RS JR LLC				
JOBALCI		Name of Lim	ited Liability Company			
The enclosed A	rticles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return al	l correspo	ndence concerning this matter	to the following:			
		TALIA FAVORS				
			Name of Person			
			Firm/Company			
255 DELORIS MADISON DR						
		MIDWAY, FL 32343	Address			
		TGLOVER99B@GMAIL.0	City/State and Zip Code			
		<del>-</del>	to be used for future annual	report notification)		
For further info	rmation co	oncerning this matter, please co	all:			
TALIA FAVO	RS			0-1013		
	Name of	f Person	at () Area Code	Daytime Telephone 8	Sumber	
Enclosed is a cl	neck for th	ne following amount:				
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	(losed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)	
	ng Address		Street A			
_	tration S	Section orporations		Registration Section Division of Corporations		
	Box 632	-		ntre of Tallahassee	<u>:</u>	
Tallahassec, FL 32314				2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	Δ		
ARTICLES OF C	ORGANIZATION 24/1/10 PLES		
ELI FAVORS JR LLC	DRGANIZATION  Proposition of the state of th		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000327709}{1.000000000000000000000000000000000000$	were filed on $\frac{07/25/2022}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
TRIPLE DOUBLE CUT LAWN CARE LLC			
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:	255 DELORIS MADISON DR		
(Principal office address MUST BE A STREET ADDRESS)	MIDWAY, FL 32343		
Enter new mailing address, if applicable:	255 DELORIS MADISON DR		
(Mailing address MAY BE A POST OFFICE BOX)	MIDWAY, FL 32343		
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 name of the new registered</u>		
Name of New Registered Agent:			
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 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
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			□Remove
			□ Change
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ffective date, if other that an effective date is listed, the date: If the date inserted in ocument's effective date on	ate must be specific and this block does not r	d cannot be prior to neet the applical			ling.) Pursuant to 605.0207
record specifies a delayed c is filed.	ffective date, but not	t an effective tim	se, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ated MARCH 21		2024	<u>.</u> ·		
	Talin	Javo	5		
	Signature of of	member or author	and representations	t'a member	

Filing Fee: \$25.00