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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor-	porations	,	
SUDIECT.	YARDMAKT,	LLC	r
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DAVID P.	CARLTON, ESY.	
	CARLTON	LAW FIRM, P. 1). Firm/Company	
		SW 85 ^{II} STREET Address And FI 33143	
	50. M	City/State and Zip Code CARLTONS LAW. Com.	
		to be used for future annual report notificat	ion)
For further information co	oncerning this matter, please c		PATE TO SEAL THE
DAVID P. CAR	LTON	at (863) 990- Area Code Daytime Te	1571
Name of	Person	Area Code Daytime Te	PH 4: 23 PH 4: 23 PH 4: 23
Enclosed is a check for the	e following amount:		TATE, FL
☑ \$25.00 Filing Fee	□ \$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)
Mailing Address Registration S		Street Address: Registration Section	n
Division of Co		Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YARDMART, I	<u>-LC</u>		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on7.	29. 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
LAWN CENTRAL, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name	of the new registere
			PH PH
Name of New Registered Agent:			FLAT 23
New Registered Office Address:	······································		THE W
	Enter Florida s	treet 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 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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n effective date is te: If the date cument's effect	f other than the dat s listed, the date must be inserted in this block tive date on the Depar	specific and ca does not mee tment of Stat	nnot be prior to et the applicab e's records.	le statutory fili	more than 90 days ng requirements	s, this date will r	not be listed a
s filed.	a delayed effective da						n day after the
ed	2. 22. 2024 Sign	<u> 42</u> .		. •			
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	Sign	ature of a mer	nber or authori	zed representativ	e of a member		