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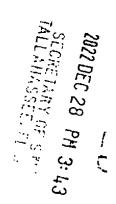
(Re	equestor's Name)
(Á	ddress)
(Ac	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

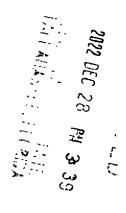
Office Use Only

J. HORNE DEC 28 2022



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COVER LETTER

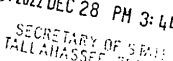
TO: Registration Section Division of Corporations	
Robinson Lawn Care	
SUBJECT: Robinson Lawn Care Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tokowski Robinson Name of Person	
Name of Person	
Robinson Lawacace Firm/Company	
Firm/Company	
This Such windows St	
766 South Virgina St	
A	
Quincy FL 32351 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tokonski Robinson = 11850 529-4030	
Tokowski Robinson at (850) 529-4030 Name of Person Area Code Daytine Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	
(additional copy is encl	losed)
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations Division of Corporations The Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION 2022 DEC 28 PM 3:44



ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on QQ/	16/2022	and assigned
Florida document number <u>L.22 000 36 0 96</u> l			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
Robinson Lawn Care LL The new name must be distinguishable and contain the words "Limited Liah			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)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our re	cords, enter the name	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:		ida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and a		ranaciw. I further ag	ree to comply with the
I hereby accept the appointment as registered agent that a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	zte performance of 18 provided for in C	my aintes, and 1 am) Thapter 605, F.S. Or,	if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			🗆 Add
			□Remove
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Note: If the da	if other than the is listed, the date mu e inserted in this bl ective date on the fa	ock does not me	et the applicable	te of filing or more the statutory filing rec	(optional) nan 90 days after filing.) puirements, this date v	Pursuant to 605.0207 (vill not be listed as t
ne record specifi and is filed.	s a delayed effectiv	re date, but not a	n effective time.	at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
Dated	c/28/2	}				
		1.Kr	iken-	d representative of a		
		Signature of a mo	ember ör authorize	d representative of a	membei	
		Jullowski	2.1			

Filing Fee: \$25.00