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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
aun inca.	Jade Lawn	Care Services LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	J	adrien Knowles			
		Name of Person	<del>=</del>		
	Jac	de Lawn Care Services LLC			
		Firm/Company 10084 W. Montyce Ct.		20 S	
				2022 OCT SECRET	
		Address			ار مهمانه المهمانية
		Crystal River, FL 34428		-7 PM 3: 02	3 6 5
		City/State and Zip Code			
		knowles249@hotmail.com		02 PAT	
For further information c	E-mail address: ( oneerning this matter, please c	to be used for future annual report notif	hcation)		
	•	uii.			
Jadrien Knowles		at (352_) 464-7236			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
Mailing Address Registration S		Street Address: Registration Sec	ction		
Division of C		Division of Corp			
P.O. Box 632	•	The Centre of T	•		
Tallahassee	FI 32314	2415 N. Monroe	e Street Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jade Lawn Care Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/14/2022}{1}$ and assigned Florida document number L22000401935 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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

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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		CRYSTAL RIVER, FL 34428	<b>=</b> Remove
			□ Change
AMBR	KNOWLES, MACKENZEY C 10084 WEST	10084 WEST MONTYCE COURT	□Add
		CRYSTAL RIVER, FL 34428	■Remove
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Effective date,	, if other than the da	te of filing:	05/2022		(option	al)	
If an effective date Note: If the date	e is listed, the date must be te inserted in this block	specific and canno does not meet th	t be prior to date of re applicable stat	f filing or more than utory filing requir	90 days after fil ements, this d	ing.) Pursuant to ate will not be	o 605,020° Histodias
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ord is filed.  Dated/_	0/05/702 dal Sig	nature of a membe	or authorized rep	presentative of a mer	mber		_

Filing Fee: \$25.00