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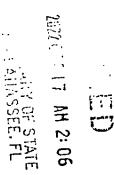
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COVER LETTER

TO:

TO: Registration S Division of Co		,	,				
CABRERA SUBJECT:	A LAWN CARE & TREE SER	VICES LANDSCAPING LLC					
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	JOSE D CABRERA						
	-	Name of Person					
	CABRERA LAWN CARE	E & TREE SERVICES LANDSCA	PING LLC	22			
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	BOYTON BEACH, FL 33	3436	S CALI S	<u> </u>			
		City/State and Zip Code		2: 06 2: 06			
	CABRERALAWNCARE2	_		O,			
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)				
MIRIAM TORRES		561 951-9483					
Name o	of Person	at () Area Code Daytimo	Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py			
Mailing Addres Registration 9		Street Address: Registration Sec	rtion				
Division of Corporations		Division of Corporations					
P.O. Box 632 Tallahassee, I		The Centre of T					
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CABRERA LAWN CARE & TREE SERVICES LANDSCAPING LLC

(Name of the Limited Liability Company as it now appears on our records.) Band assigned The Articles of Organization for this Limited Liability Company were filed on $\frac{09/22/2022}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CABRERA LAWN CARE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7297 PALMDALE DR Enter new principal offices address, if applicable: BOYNTON BEACH, FL 33436 (Principal office address MUST BE A STREET ADDRESS) SAME 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

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 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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			□Remove
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Filing Fee: \$25.00