L 22 000 416748

(Requestor's Name)	
(Address)	7
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

Division of Co			
SUBJECT: COAST	AL VIEW LAWN CARE	LLC nited Liability Company	
	Same of Life	nned Liberhty Company	
The enclosed Articles of	Amendment and fee(s) are su	omitted for filing	
Please return all corresp	ondence concerning this matter	to the following	
	Corpo	rate Maintenance Le	ad
		Name of Person	
	Proc	cessing Department	• 7
		Firm Company	
		1450 Vassar St	
		Address	
		Reno, NV 89502	
		City State and Zip Code	
	h-mail address	to be used for future annual report noti	fication
For further information of	concerning this matter, please c	rall	
Process	sing Department	at (800) 638-2320	
Name i	it Person		e Telephone Number
Enclosed is a check for t	he following amount		
□ \$25 00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cops (additional copy is enclosed)	☐ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clation Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	L VIEW LAWN CARE, LLC	
(Name of the Limited Lia 1 V Flo	bility Company as it now appears on our records. oda Limited Liability Company))
The Articles of Organization for this Limited Liability	· · · · · · · · · · · · · · · · · · ·	and assigned
londa document number L22000416748		
his amendment is submitted to amend the following		
. If amending name, enter the new name of the li	mited liability company here:	
ne new name must be distinguishable and contain the words "L	amited Embility Company," the designation "LLC" (or the abbreviation "L L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· 	
		
. If amending the registered agent and/or repegistered agent and/or the new registered office ac	gistered office address on our records. <u>(dress here</u> :	enter the name of the n
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	tøter rienda street address	
	, Flori	da
	1 1/13	Lip 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 665, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Savannah Putnal	176.West Dr	D Add
		Carrabelle	□ Remove
		FL, 32322	☐ Change
			D Add
			□ Remove
			Change
			
			☐ Remove
			□ Change
			□ Add
		-	Remove
			Change
			☐ Remove
			□ Change
			
			□ Remove
			Change

Note:	tive date, if other than the date of filing: N/A (optional) fective date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursuant to 605 to 207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a nent's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	December 29 2022
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJI	ect: <u>COAST</u>	AL VIEW LAWN CARE.	LLC	
		Name of Lin	nted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing	
Please	return all correspo	ondence concerning this matter	to the following	
		Corpor	rate Maintenance Le	ad
			.vanic o. i ei son	
		Proc	essing Department	
			Firm Company	
		•	1450 Vassar St	
			Address	••••
			Reno, NV 89502	
			City State and Zip Code	_
		E-mail address (to be used for future annual report noti	ficution)
For fur	ther information c	oncerning this matter, please c	all.	
	Process	ing Department	ar, 800 638-2320	
		f Person	at (800) Area Code 638-2320 Daxtim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$23	5 00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cepy tadditional cross is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy) is enclosed)
	Registi Divisie P O B	ING ADDRESS: atton Section in of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Chiton Building 2661 Executive Co Tullahassee, FL 32	on rations enter Uncle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. VIEW LAWN CARE, LLC	
(<u>Name of the Limited Light</u> (A Hori	illity Company as it now appears on our recoilida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 09/23/22	and assigned
Florida document number L22000416748		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	inuted Liability Company "the designation "LL	C for the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regi	istered office address on our record	ls enter the name of the nav
registered agent and/or the new registered office ad-	dress here:	s. the ne name or the ney
Name of New Registered Agent:		
New Registered Office Address.		
	Enter Florida street andre	11
	FI	orida
	Cas	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I horeby 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

Title	<u>Name</u>	Address	Type of Action
MGR	Savannah Putnal	176 West Dr	
		Carrabelle	Remove
		FL. 32322	☐ Change
			D Add
			Remove
			Change
		-	☐ Remove
			Change
			🗆 Add
			Remove
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Effec	tive date, if othe	r than the date of fi	_{itina} . N/A		+ .;
(4) 3U G	necus e dale 13 liaec.	the date must be specific	cand connot be error to date o	f filing or more than 90 days a	otional) for filing (Pursuan) to 605 (207
docui	ent's effective da	to on the Department	of State's records.	tutory filing requirements, i	this date will not be listed as
the re) The	ecord specifies a e 90th day afte	a delayed effectiver the record is file	re date, but not an ei ed.	fective time, at 12:01	a.m. on the earlier of
Dated	1 De Cen	1. ber 29	2072		
			a member or authorized rep		

Page 3 of 3

Typed or printed name or agree

Filing Fee: \$25.00