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COVER LETTER

TO:		stration Section of Cor			٠.		
CUD IE		We Cut It T	ree Trimming and Lawncare I	LC ,	.,		
SUBJEC	LI: _	Name of Limited Liability Company					
The encl	losed .	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn a	ill correspo	ndence concerning this matter	to the following:			
				Name of Person			
			ZenBusiness INC				
				Firm/Company	7827		
			336 E. College Ave Suite	301	7827 BGG 1		
				Address			
			Tallahassee, FL 32301		_ : ::		
			fulfillment@zenbusiness.cc		<u></u>		
For furth	ner inf	ormation co	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:			
c/o Zen	Busin	ess INC		844 493-6249 at ()			
		Name of	Person	Area Code Daytime Telephone Num	ber		
Enclosed	d is a c	check for th	e following amount:				
■ \$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy mal copy is enclosed)		
		ing Addressistration S		Street Address: Registration Section			
Registration Section Division of Corporations			orporations	Division of Corporations			
		Box 632 ahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite	. 910		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We Cut It Tree Trimming and Lawncare LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)	
he Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
lorida document number 1.22000428183		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
he 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:		: 23
Principal office address MUST BE A STREET ADDRESS)		<u> 26 70 </u>
<u>-</u>		
		: 9
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		.
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	lress on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	laZip Code
	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 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
AMBR	Jarroxi English	715 14th Avenue South	□Add
		Jacksonville Beach, FL 32250-4916	\(\overline{\overline
			□Change
			□Add
			□ Remove 777 Change
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ective date, if other than the deflective date is listed, the date must be the date inserted in this blocument's effective date on the Department of the date and deflective date deflective	ck does not meet the appointment of State's record	licable statutory f ds.	iling requirements, th	iis date will i	not be listed a
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December 15th	. 2022	·			
(/) /	. English				
/s/ Megan A	ignature of a member or au				

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