Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000184192 3)))



H240001841923ABC+

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624

Fax Number

: (512)597-0678

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:	
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T. LEMIEUX

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Corporate Filing Menu

HelpMAY 23 2024

COVER LETTER



H240001841923

TO: Registration : Division of Co		:
LawnTre	STLC	ય
SORTEC1:	Name of Lim	ited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	pondence concerning this matter	to the following:
	Diego Cruz	
		Name of Person
	ZenBusiness INC	
		Firm/Company
	336 E. College Ave Suite	301
		Address
	Tallahassee, FL 32301	
	futfillment@zenbusiness.ed E-mail address: (City/State and Zip Code om to be used for future annual report notification)
For further information	concerning this matter, please c	all:
c/o ZenBusiness INC		844 493-6249 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Statu Certified Copy (additional copy is enclosed)
MailingAddr		Street Address:
Registration Division of	i Section Corporations	Registration Section Division of Corporations
P.O. Box 62	327	The Centre of Tallahassee
Tallahassee	, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Et. 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H24000184192 3

ARTICLES OF ORGANIZATION OF

LawnTrex LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	nas it now appears on ou ability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.22000437526	vere filed on 2022-10-	11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name most be distinguishable and contain the words "Limited Liability	y Company," the designat	ion "LLC" or the abb	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)			<u> </u>
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our record:	s, enter the name	A
Name of New Registered Agent:		<u></u>	8:5
New Registered Office Address:		<u>(D</u>	2
	Enter Florida stre	et address	9 4
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my di ovided for in Chapte	uties, and Lam fa er 605, F.S. Or, ij	miliar with and fithis document is

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5

2024-05-23 13:00:40 UTC+14

18506176383

From: ZenBusiness User
H24000184192 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cord McManus	3050 East Hwy 316 Citra, FL 32113	□ Add
			≣Remove
			Change
			□Add
			□Remove
			Change
			
			□Remove
			Change
~			
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			
			□ Change

To:

H24000184192.3

. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
· · · · · · · · · · · · · · · · · · ·		
		
		
		
		
/±1111/12-12-57-1		
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		_
		
		
Note: If the date inserted in thi	the date of filing:	605.0207 (3 listed as th
he record specifics a delayed effo ord is filed	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
Dated	2024	
/s/ Joshua Gray		
	Signature of a member or authorized representative of a member	_
Joshua Gray		
	Typed or printed name of signee	-

1124000184192.3

Filing Fee: \$25.00