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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
	wn Service LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The continued Assistance of	Amendment and fee(s) are sub-	mitted for filing	
	ndence concerning this matter		
riease return an correspo	ndence concerning and maner	to the tone wing.	
	Daniel Tyer		
		Name of Person	
	MLS LLC		
		Firm/Company	
	3289 Creighton Lane		
		Address	
	Fleming Island, FL 32003		
		City/State and Zip Code	
	danieltyer@missionlawnser	vicelle.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Daniel Tyer		904 874-2103	
	f Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address:	
Mailing Address Registration		Registration Se	
Division of C	Corporations	Division of Co	rporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mission Lawn Service LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on $\frac{12}{2}$	2/1/2022 and assigned
Florida document number 1.22000505300		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
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 appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		records, enter the name of the new regis
	Daniel C Tyer	(1
Name of New Registered Agent:	Daniel C Tyel	
Ni Displace and Office Addresses	3289 Creighton Lane	
New Registered Office Address:		
New Registered Office Address.		orida street address
New Registered Office Address.	Enter Flo	orida street address, Florida 32003 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 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>	<u>Address</u>	Type of Action
AMBR	Kayla Tyer	3289 Creighton Lane	
		Fleming Island, FL 32003	
			■Change
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flective date, if other than the date of filing: 01/01/2024 an effective date, if other than the date of filing: 01/01/2024 an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. atted January 11 2024 January 11 2024					
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The form	January 11	2024			
			·		
	T/and.				
		Signature of a member or	authorized representati	ve of a member	
	Daniel Tyer				

Filing Fee: \$25.00