## L22000511951

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations				
	Lawn Services, LLC				
SUBJECT:					
The englaced Article	s of Amendment and fee(s) are su	shmitted for filing			
	espondence concerning this matte				
	Brent Wethington				
		Name of Person			
		Firm/Company			
	14207 Barbet Ln				
	<del></del>	Address			
	Port Charlotte, FL 33981	Port Charlotte, FL 33981			
	wethybrent@gmail.com	City/State and Zip Code	2024 HOV 21 PK 12: 40 SECRETARY OF STAT TALLAHASSEE, FL		
	E-mail address:	: (to be used for future annual report notification)	TLA SET VOV		
For further information	on concerning this matter, please	cail:	ARY MAS		
Brent Wethington		513 630-0887	2024 NOV 21 PK 12: SECRETARY OF ST TALLAHASSEE, I		
Nui	me of Person	Area Code Daytime Telephone Number	2: 40 STATE , FL		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) □ Certified Co (additional copy	f Status & py		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			

Tailahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMW Lawn Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L22000511951 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L B.M.W. Properties LLC 14207 Barbet Ln Enter new principal offices address, if applicable: Port Charlotte, FL 33981 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 27327 Enter new mailing address, if applicable: El Jobean, FL 33927 (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 Florida 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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Typed or printed name of signee