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PICK-UP WAIT MAIL
(Business Entity Name)
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TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo				
SUBJECT: R + F	Raww Name of Limit	SCLVICES of 4	he Emerlad	(castul
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
	Anthon	Name of Person		
		Firm/Company	 	
		_	~ ; [~]	
		de Strip PW		
	FORT WORKS	City/State and Zip Code 1 C F S RANR O o be used for future annual report notif	32548 gmail.cm	
For further information con	cerning this matter, please ca			
AWhony Name of P	Ring	at (250) 517 ~ Area Code Daytime	501 (Telephone Number	
Enclosed is a check for the	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) 	
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJRLAWN SPIVICES C	A The Emiles Follows Flores LLC any as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 42266515413	were filed on 12/8/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable RAR LAWN Services of The new name must be distinguishable and contain the words "Limited Liable Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility company here: HO EMERALD (COST LLC) ility Company," the designation "LLC" or the abbreviation "L.L.C." 118 Miracle Strip Prwy SE For I walton Reach Florida 32 548
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Zin 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:

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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(If an effi Note:	we date, if other than the date of filing:
e record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	March 1 2003.
	Signature of a member or authorized representative of a member
	Anthony Bine

Filing Foo: \$25.00