

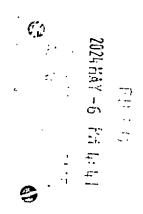
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
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COVER LETTER

TO: Registration S Division of Co			
	S EDGE RESIDENTIAL & CO	OMMERCIAL LAWN CARE, LL	.C
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Caleb Hampton		
		Name of Person	
		Firm/Company	
	440 Grant Blvd		
		Address	
	Lehigh Acres, FL 33974		
	veteransedgeswtl@gmail.co	City/State and Zip Code	
		to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Caleb Hampton		239 850-3288 at ()	
Name	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.(9t) 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 Addry Registration		Street Address: Registration S	ection
	Corporations	Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VETERANS EDGE RESIDENTIAL & COMMERCIAL LAWN CARE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/03/2023}{1}$ and assigned Florida document number $\frac{1.23000005997}{1.23000005997}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VETERANS EDGE OUTDOOR SERVICES, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I. 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) ďΝ 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

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.

City

Florida _

'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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
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	k does not meet the applicab	date of filing or more than 90 de statutory filing requiren	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed a
ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	artment of State's records.		
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Filing Fee: \$25.00