## L23000006768

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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## **COVER LETTER**

TO: Registration So Division of Cor			
NORTHKI SUBJECT:	ENN LAWN CARE LLC		
NUBSECT:	Name of I in	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSHUA HICKS		
		Name of Person	
		Firm Company	<del></del>
	9265 SW 192ND CT RD		
		Address	
	DUNNELLON FL 34432		
		City. State and Zip Code	
	E-mail address: (	to be used for future annual report notif	lication)
For further information c	oncerning this matter, please co	all:	
JOSHUA HICKS		352 286-8758 at ()	
Name o	r Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT 10 FM 5: 50 NORTHKENN 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  $\frac{01/03/2023}{2}$ and assigned Florida document number 1.23000006768 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 "LLC." 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) 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.

If Changing Registered Agent, Signature of New Registered Agent

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
MGR JOSHUA HIC	JOSHVA HICKS	9263 SW 192ND CT RD	
		DUNNELLON FL 34432	■Remove
			□Change
			□Add
		□Remove	
			Change
		□Add	
			Remove
		□Change	
			□Add
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		Remove	
		□Change	
			□Add
			Remove

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Effective date, if other than the data must a lift an effective date is listed, the date must a lift block of the date inserted in this block document's effective date on the Department.	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, ck does not meet the applicable statutory filing requirements, this date will not be liste
e record specifies a delayed effective rd is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
Dorod OCTOBER 06	2023
Dated	
S	Signature of a member or authorized representative of a member
JOSHUA HICKS	
	Lyped or printed paine of signee

Filing Fee: \$25.00