663000048286

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section

| porations | | | |
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| N LAWN MANAGEMENT L | LC | | |
| Name of Lim | ited Liability Company | | |
| Amendment and fee(s) are sub | mitted for filing. | | |
| ndence concerning this matter | to the following: | | |
| JOY FRANSON | | | |
| | Name of Person | | |
| | | | |
| | Firm/Company | | |
| 4330 PALM DR #2 | | i de la companya de l | 327 27 |
| | Address | | 119 T |
| BARTOW FL 33830 | | E FL | 103753 27 PHI2: 56 |
| | City/State and Zip Code | mi | 5 |
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| | - | outication) | |
| oncerning this matter, please c | ait: | | |
| | 863 595-5200 at () | | |
| f Person | Area Code Dayti | ime Telephone Number | |
| e following amount: | | | |
| ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of a Certified Copy | Status & |
| <u>s:</u> Section | Street Address: Registration S | Section | |
| orporations | Division of Co | orporations | |
| | | | |
| | Amendment and fee(s) are sub- ndence concerning this matter JOY FRANSON BARTOW FL 33830 JFRANSON86@GMAIL.C E-mail address: (concerning this matter, please concerning this matter con | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JOY FRANSON Name of Person | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JOY FRANSON Name of Person |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PRECISION LAWN MANAGEMENT | | |
|---|--|---------------------------|
| (<u>Name of the Limited Liability Comps</u> (A Florida Limited | iny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L23000048286 | were filed on 01/26/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | ~1 |
| (Principal office address MUST BE A STREET ADDRESS) | | 63 63 75 |
| | | . G .!! |
| | | 27 |
| Enter new mailing address, if applicable: | | भूने छ 🕕 |
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| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the</u> | ename of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Floric | da |
| | City | 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 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 | BREEDEN, DUSTIN W | 4330 PALM DR #2 | □ Add |
| | | BARTOW, FL 33830 | ■Remove |
| | | | □Change |
| MGR | FRANSON, JOY | 4330 PALM DR #2 | ■ Add |
| | | BARTOW, FL 33830 | □Remove |
| | | | S Change |
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