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2023 FEB - 6 PM 4: 30

COVER LETTER

Registration Section Division of Corporations

TO:

No Name I	Lawn Maintenance & Landscap	oe LLC Typo of Name on applicati	on
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
riease return an correspo	ondence concerning this matter	to the following.	
	Jean R Estey		
		Name of Person	***
	No Name Lawn Maintenar	nce & Landscape LLC	
		Firm/Company	
	4 Ponte Vedra CT Unit D		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Ponte Vedra Beach Florida	a 32082	
		City/State and Zip Code	
	jeanestey75@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Jean R Estey		904 837-0799	
Name o	of Person	at () Area Code Daytim	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)
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO NAME LAWM MAINTENANCE & LANDSCA	PE LLC	
(Name of the Limited Liability Comps (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 L23000048636	were filed on 1/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NO NAME LAWN MAINTENANCE & LANDSCAPE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation .L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		:
Enter new mailing address, if applicable:		PRI 4: 3
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u>ri;</u> 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter th	ne name of the new registered
	, Flor	idaZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	ing on the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	l I am familiar with and

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
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tee ata daa ta	Tother than the date of listed, the date must be specimserted in this block docive date on the Department	of filing: cific and cannot be prior to es not meet the applicat ent of State's records.	o date of filing or more th ble statutory filing req	(optional) an 90 days after filing.) Po uirements, this date wil	irsuant to 605,0207 I not be listed as
Note: If the date					
Note: If the date locument's effect record specifies:	a delayed effective date,	but not an effective tim	ne, at 12:01 a.m. on the	e earlier of: (b) The 9	0th day after the
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Filing Fee: \$25.00