L23000051494

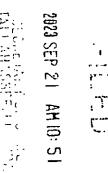
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COVER LETTER

TO:	Registration Sec Division of Corp			•
SUBJE	CT Chris Lawn	Care Services		
SUBJE	C1	Name of Lin	ited Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Christopher Mercado		
			Name of Person	·
		Chris Lawn Care Services	LLC	
			Firm/Company	
		322 Pentas Lanc		
			Address	
		Haines City, FI 33844		
			City/State and Zip Code	
		chris23lawneare@gmail.co		
			to be used for future annual report noti	tication)
For furt	her information co	ncerning this matter, please c	all:	
Julieth !	Naranjo		321 594-9892 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for the	e following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Chris Lawn Care Services, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on Januart 27, 2023	and assigned
orida document number L23000051494		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Chris Lawn Care Serve name must be distinguishable and contain the words "Limited Liabi	rices, LLC	
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
iter new principal offices address, if applicable:		, D.3
rincipal office address MUST BE A STREET ADDRESS)		023
		SET
	<u> </u>	g: re
tter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		5.0
uning duaress may be a rost of free boxy		
		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	Cin	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 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>	Name	Address	Type of Action
MGR	Christopher Mercado	322 Pentas Lane, Flaines City, FL 33844	□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
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Christopher Mercado is Owne	r not AP		
			
			
			
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			50 5
 			
tive date, if other than the c	ate of filing:		_ (optional)
ffective date is listed, the date must. If the date inserted in this bloment's effective date on the Dep	be specific and cannot be prior to dook does not meet the applicable	ate of filing or more than 90 d	ays after filing.) Pursuant to 66
ord specifies a delayed effective filed.	date, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90th day af
June 21	2023		
	\cap		

Typed or printed name of signee