L23000066018

(F	Requestor's Name)
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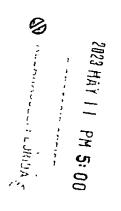
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COVER LETTER

Registration So Division of Cor			
HECT:	the firty Hod	e LLC uted Liability Company	
melosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	ondence concerning this matter	to the following	
	Matricia J	Chile Turner J.	enking
		Lu Dirky Ite	
	1018 Brigh	Man Street	
	Kick/ege	FL 32055 City/State and Zip Code	
		City/State and Zip Code Thoe @ (Inui/). To be used for futpit annual report no	
erther information c	oncerning this matter, please c	all;	
Matricia,	DENISE Jurner Fa	Area Code Days	- 9 426 me Telephone Number
sed is a check for the	ne following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &

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

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2023 MAY 11 AM \$ 55.

(Name of the Limited Liability Compan (A Florida Limited Liability Companion)	(var it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000066018</u> .	were filed on <u>Feb. 4, 2023</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. The Dirty Garden Hoe The new name must be distinguishable and contain the words "Limited Liabile"	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1018 Brightman St. Rockledge, FL 32955
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1018 Brightman St. Pockledge, FL 32955
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter the name of the new registered</u>
New Registered Office Address: 1016	Cia Derise Turner Jenkins Brightman St. Enter Florida street address Ledge Florida 32955 Zip Code
	Cny Lip 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 Now Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added amoved from our records:

AR = Manager .BR = Authorized Member

:	Name	Address	Type of Action
MGR	Matricia D. Turner Jenlins	1018 Brightman 51	[JAdd
		1018 Brightman St. Localedge FL, 32955	□Remove
			DChange
AMBL	Mutricia D. Turner Jenkins	1018 Brightman 51.	CTAdd
		1018 Brightman 51. Rockledge FL 32955	🗆 Remove
			□Change
aner	Matricia D. Turner Jenkins	1018 Brightman 31. Rockledge FL 32155	Z Xdd
		Rockledge FL 32155	□Remove
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an effe iote:	ive date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record Lis file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
ated_	Max 10. 2023
	Matricia Denier Junes Juckins Signature of a member or authorized representative of a member
izaica _	Max 10 2023 Matricia Denial Jurner Jurkins Signature of a member or authorized representative of a member Mylicia Denise Jurner Jeakins Typed or printed name of signee

Filing Fee: \$25.00