L23000/62073

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COVER LETTER

TO:

Registration Section Division of Corporations

Jon's Landscape and Pressure Washing LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan Sulbaran Name of Person Jon's Landscape and pressure washing LLC Firm/Company 11420 Georgetown circle Address Tampa, FL 33635 City/State and Zip Code jonathan@jonslandscapeandpressurewash.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Sulbaran 813 816-5697 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jon's Landscape and pressure washing 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 March 31, 2023 and assigned Florida document number $\frac{1.23000162073}{1.23000162073}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bay Area Landscape and Pressure Washing LLC 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 , Florida

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.

City

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
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			□ Remove
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ated_	07/27/2023. 3:31pm.
	Signature of a member or authorized representative of a member

Typed or printed name of signee