L23000196680

(Rec	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Lawn ettoic	P LLC.		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u>Andrea</u>	Palacio		
	<u> </u>	LAWN ? LANDS(9)	<u> </u>	7023 OCT 27 SECRETAR
	2435 N. D	TXIE HIGHWAY		ZZ AM
	witton Mo	ANOYS, FL 33305 City/State and Zip Code		AM 9: 11
	Sales @ E-mail address: (angler lawn. Cow to be used for future annual report notice.	lication)	, -
For further information co	oncerning this matter, please co	all:		
Andrea P	Glauo	at (OS) 260 85 Area Code Daytim	844 e Telephone Number	_
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status & Dy
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan	iv as it now appears on	our records.)		
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)	<u></u> ,		
The Articles of Organization for this Limited Liability Company vFlorida document number $\underline{L23000196980}$.	were filed on	1120/2023	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
			ω ~ 2	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or the abbr	p	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	7
			SSEE SSEE	<u></u>
			9.	
Enter new mailing address, if applicable:		·····	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our recor	ds, <u>enter the name</u>	of the new regi	<u>stered</u>
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida s	treet address		_
		, Florida		
	City	riorida	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as parties being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my crovided for in Chap	duties, and I am far oter 605, F.S. Or, if	miliar with and This document	7

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
AMBR	Andrea Palauo	2435 N. DINE HWY, WILTON MANOYS, FL 33305.	X Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			2024 SEC□20
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	FL	9: <u> </u> 2
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d	al) ing.) Pursuant to	605.0207 (3 _K h)
document's effective date on the Department of State's records.	ate win not be	nsted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) record is filed.	The 90th day	alter the
Dated OCtober 23 Signature of a mumber of authorized representative of a member		-
V V		
Andrea Palacio. Typed or printed name of signee		_

Filing Fee: \$25.00