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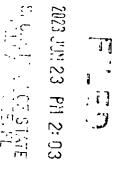
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Y. SCOTT AUG - 5 2023

COVER LETTER

TO: Registration Section Division of Corporati	ons			
SUBJECT: ONE	Man and Name of Limite	ed Liability Company	Guat	s LawnCar
		, , ,		
The enclosed Articles of Amend	Iment and fee(s) are subm	nitted for filing.		
Please return all correspondence	concerning this matter to	the following:		~2
	Shane	Name of Person		F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1
_		Firm/Company		PH 2: 03
	8265 SW	128th T	errace	03
_	<u> Ounnella</u>	City/State and Zip Code	<u>34432</u>	
	BOYNLY Sk E-mail address: (to	be used for future annua	d report notification)	<u>. 0</u> m
For further information concern	ing this matter, please cal	l:		
Shame of Person	PV	at (<u>35 2</u>)	SU2-23 Daytime Telephor	nc Number
Enclosed is a check for the follo	wing amount:			
□ \$25.00 Filing Fee □ \$	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sectio	n		Address: ration Section	
Division of Corpor P.O. Box 6327		Divisio	on of Corporation	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Man and T	Company as it now appears on our records.)
(A Florida I The Articles of Organization for this Limited Liability Co Florida document number <u>L23002493</u> 5	ompany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Nelco Cone Wilcom The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.I.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRI</u>	ESS) 23 1 23 1 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 03
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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>	Name	Address	Type of Action
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			□Remove
			☐ Change
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			□Remove
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Signature of a	MC member or aut	Ball horized represe	intative of a memb	er		
Signature Of a						