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023 AUG 21 AH 8: 17 SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cos		k .	•	
SUBJECT:	2 Lawn Care Name of Limi	2 Solution Little Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	_Christophe	Posorio Name of Person	<u> </u>	
	CR Law	on Coure Solution Firm/Company	on UC	
	701 Edm	and Ave		
	Dunder FL	- 33838 City/State and Zip Code		
	CRLAWNI E-mail address: (1	CARFFL @GMA	ication)	
For further information of	concerning this matter, please ca	all:	SECRETAR TALLATI	77
Christof Name o	Person	at (<u>863</u>) <u>647</u> Area Code Daytime	Telephone Number 1 R Y OF A	
Enclosed is a check for t	he following amount:		8:17 E.F.	30- <u></u>
☐ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Street Address:

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

CR LOWD Care Soliston LLC.

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	SE 223 AUG 22 AHAY 22 AHAY 22 AHAY 23 AHAY 22 AHAY
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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher Rosario	701 Edmond Ac	XAdd
		Dondoe, FL 33838	□Rепюче
			□Change
MGR	Mantza Echevaria	701 Edmond Ave	□ Add
		Dumbe, FL 33838	Remove
			□ Change
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