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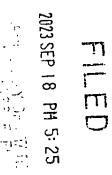
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

TO:

Tallahassee, FL 32314

ro:	Registration Se Division of Cor		ž ja	
SUBJE	ct: Stah	Name of Lim	ndscaping LLC	
		Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Catarina San	Name of Person	
			Firm/Company	
		88 West	thester Lane Address	
		Palm Coast,	FL 32164 City/State and Zip Code	
		Stauicki and so E-mail address: (i	ons Ofcloud, com	rt notification)
For fur	ther information c	oncerning this matter, please ca	all:	
Cat	arina Santo	os Do Amaral f Person	at (<u>386</u>) <u>5</u>	969 - 9002
	Nanco	rreson	Area code 1.	ayunc receptone runtee
Enclose	ed is a check for th	ne following amount:		
□ \$ 2.	5,00 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 Addres		<u>Street Addra</u> Registratio	
Division of Corporations			Division of	f Corporations
P.O. Box 6327		The Centre	of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stawicki & Sons Lan	id scaping LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on July	13, 2023	and assigned
Florida document number <u>L 23000331720</u>		,	_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		···	
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		\$£0	2023 9
(Mailing address MAY BE A POST OFFICE BOX)			T
		=:, 2,2,	8
			P III
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, enter the name	6f the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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
AMBR	William Stautch:	88 Westchester Lane	t\dd
		Palm Coast, FL 32164	□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
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			□Add
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