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Division of Corporations

Email Address:_

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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PERFECT GREENS LANDSCAPING LLC

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AUG - 8 2023

TO:

COVER LETTER

TO: Registration S *Division of Co			
PERFECT	T GREENS LANDSCAPING (LC	
	T GREENS LANDSCAPING I	nited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	_	
	Cheyenne Moseley	to the following.	
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	····
	101 N Brand Blvd 11th Fl		
		Address	
	Glandale, CA 91203		
	michaelterrell2@yahoo.cor		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)
Cheyenne Moseley		800 773-0888	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clilton Building 2661 Executive Center Circle Tallahussee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

13236068205

PERFECT GREENS LANDSCAPING 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 07/17/2023 and assigned Florida document number 1.23000336186 This amendment is submitted to amend the following: A. If amending name, <u>onter the new name</u> of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1054 North Hilton Circle Enter new principal offices address, if applicable: Labelle, FL 33935 (Principal office address MUST BE A STREET ADDRESS) 1054 North Hilton Circle Enter new mailing address, if applicable: Labelle, FL 33935 (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 Florido street address $C \supset$

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

MGR = Manager

Tor

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

13236068205

AMBR = Authorized Member				
Title	<u>Name</u>	<u>Address</u>	Type of Action	
			O Add	
		-	□ Remove	
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If the record s (b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	27/28/ 2023,
_	Signature of a member or authorized representative of a member
М	lichael Tyler Terrell
_	Typed or printed name of signee

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