

L23000343658

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000425306 3))



H240004253063ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (512)597 0678

FILED  
2024 DEC 30 PM 5:10  
TALLAHASSEE, FL 32301

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2024 DEC 30 AM 10:58  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PEYTON'S LAWN & LANDSCAPE LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

K. SALY

JAN 2 2025

Electronic Filing Menu

Corporate Filing Menu

Help

H24000425306 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000425306 3

FILED  
2024 DEC 30 PM 5:10  
TALLAHASSEE, FLORIDA

Peyton's Lawn & Landscape LLC

(Same 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 07-20-2023 and assigned,  
Florida document number 123000343658

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gorr Landscaping LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(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 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

H24000425306 3

MGR = Manager  
AMBR = Authorized Member

1124000425306 3

| Title | Name  | Address | Type of Action                  |
|-------|-------|---------|---------------------------------|
| _____ | _____ | _____   | <input type="checkbox"/> Add    |
|       |       |         | <input type="checkbox"/> Remove |
|       |       | _____   | <input type="checkbox"/> Change |
| _____ | _____ | _____   | <input type="checkbox"/> Add    |
|       |       | _____   | <input type="checkbox"/> Remove |
|       |       | _____   | <input type="checkbox"/> Change |
| _____ | _____ | _____   | <input type="checkbox"/> Add    |
|       |       | _____   | <input type="checkbox"/> Remove |
|       |       | _____   | <input type="checkbox"/> Change |
| _____ | _____ | _____   | <input type="checkbox"/> Add    |
|       |       |         | <input type="checkbox"/> Remove |
|       |       | _____   | <input type="checkbox"/> Change |
| _____ | _____ | _____   | <input type="checkbox"/> Add    |
|       |       | _____   | <input type="checkbox"/> Remove |
|       |       | _____   | <input type="checkbox"/> Change |

FILED  
2024 DEC 30 PM 5:10  
SCLEROTIC  
TALLERMAN SEEL  
FALLERMAN SEEL

1124000425306 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2024 DEC 30 PM 5:10  
TALLAHASSEE, FL 32301  
CLERK OF THE CIRCUIT COURT

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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 filing.) Pursuant to c05 0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 30th, 2024

/s/ Peyton Scott Gorr  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Peyton Scott Gorr  
\_\_\_\_\_  
Typed or printed name of signer