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|                         |                      |             |
| Certified Copies        | Certificates         | of Status   |
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| <u> </u>                |                      | <del></del> |
| Special Instructions to | Filing Officer:      |             |
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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

| CO: Registration Se<br>Division of Cor        |  |   | ·                |             |  |
|---|--|---|------------------|-------------|--|
| SUBJECT: TO The                               | Pescue Lawn Com                              | e LLC   |                  |             |  |
|   | Name of Lin                                  | nited Liability Company   |                  |             |  |
| The enclosed Articles of a                    | Amendment and fee(s) are sub                 | omitted for filing.   |                  |             |  |
| lease return all correspo                     | ndence concerning this matter                | to the following:   |                  |             |  |
|   | Vincent                                      | Lubran of Becomes   | Krocin           |             |  |
|   |  | Firm/Company  |                  |             |  |
|   | 1312 ELK CT M                                | Address   |                  |             |  |
|   | Orange Park                                  | FL 32073<br>City/State and Zip Code                                 |                  | ~2          |  |
|   | Tothe rescuelawn<br>E-mail address: (        | to be used for future annual report notific                         | cation)          | 2023 OCT 30 |  |
| or further information co                     | oncerning this matter, please c              | all:  |                  |             |  |
| Vincent Lub<br>Name of                        | Yano<br>Person                               | at ( <u>1009</u> ) <u>384 - 99</u><br>Area Code Daytime             | Telephone Number | PH 4: 21    |  |
| inclosed is a check for th                    | e following amount:                          |   |                  |             |  |
| \$25,00 Filing Fee                            | □ \$30,00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C      | of Status & |  |
| Mailing Address Registration S Division of Co | ection                                       | Street Address:<br>Registration Sect<br>Division of Corp            |                  |             |  |
| P.O. Box 632                                  | •  | The Centre of Ta  |                  |             |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| To The Rescue Lan  | un Care                        | LLC<br>any as it now appears on our |                                    |              |
|--|--------------------------------|-------------------------------------|------------------------------------|--------------|
| (Same of the Lin   | (A Florida Limited             | Liability Company)                  | <u>r records.)</u>                 |              |
| The Articles of Organization for this Limited  | Liability Company              | were filed on 7 AC                  | 16_ <u>73</u> and assig            | gned         |
| Florida document number <u>4 235 -003</u> -  | <u> 687-51</u>                 |                                     |                                    |              |
| This amendment is submitted to amend the fo  | llowing:                       |                                     |                                    |              |
| A. If amending name, enter the new name  | of the limited liab            | oility company here:                |                                    |              |
| The new name must be distinguishable and contain the                                   | words "Limited Liabi           | lity Company," the designation      | on "LLC" or the abbreviation "L.L. | .c."         |
| Enter new principal offices address, if appl   | icable:                        |                                     |                                    |              |
| Principal office address MUST BE A STRE  | ET ADDRESS)                    |                                     | <del> </del>                       |              |
|  |                                | <u></u>                             |                                    | <del></del>  |
|  |                                |                                     |                                    |              |
| Enter new mailing address, if applicable:  |                                |                                     |                                    |              |
| <u>Mailing address MAY BE A POST OFFICE</u>  | E BOX)                         |                                     | <del></del>                        |              |
|  |                                | <del></del>                         | <u> </u>                           | Lateran Same |
|  |                                |                                     | 7                                  |              |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office<br>ess here: | address on our records,             | enter the name of the new          | registered   |
|  |                                |                                     | FL PL                              | _            |
| Name of New Registered Agent:  | Vincent                        | Lubrano                             | ri —                               |              |
| New Registered Office Address:   |                                |                                     |                                    |              |
|  |                                | Enter Florida stree                 | t 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

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

AGR = Manager

MBR = Authorized Member

| <u>`itle</u> | <u>Name</u>     | Address              | Type of Action  |
|--------------|-----------------|----------------------|-----------------|
| <u> 161</u>  | Vincent Lubrano | 1312 ELK (T N        |                 |
|              |                 | Drange Park Fl 32073 | □Remove         |
|              |                 |                      | □Change         |
| MBR          | Maudy Cubrans   | Same as above        | <b>\</b> _^\^dd |
|              |                 |                      | □Remove         |
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| Vincent<br>order of last  |                      | Chance            | to L                                 | _   |   |                               |
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| order of lasi   | t name               |                   |                                      |   |   |                               |
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|   | <del></del> -        |                   |                                      |   |   |                               |
| etive date, if other than the flective date is listed, the date must If the date inserted in this bloment's effective date on the Directive date. | ock does not meet    | the applicable    | te of filing or n<br>statutory filin | (o)<br>nore than 90 days a<br>g requirements. | p <b>tional)</b><br>tier filing.) Pursua<br>this date will no | ant to 605.02<br>of be listed |
| ord specifies a delayed effectiv<br>filed.  | e date, but not an e | effective time, a | at 12:01 a.m.                        | on the earlier of                             | : (b) The 90th  | day after t                   |
| 1 Oc+ 12<br>V Luba  | <u></u>              | 2023              |                                      |   |   |                               |
| _V Luba   | Signature of a mem   | her or authorize  | Frencesentative                      | of a member                                   |   |                               |