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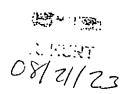
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: EUP Lawn and Landscape Service LLC Name of Limited Liability Company						
		, , ,				
The analogod Amialag of A	mandment and fee(s) are sub-	mittad for filing				
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filling.				
Please return all correspondence concerning this matter to the following:						
	Eric LE	roy MC Call Name of Person				
	E VP McCall La	wn and landscape C	SETVICE LLC			
	1403 North	alth StrEET				
	Fort Pierc	E. P. Q. 34950 City/State and Zip Code				
	E-PMcCallaw E-mail address: (0	INSERVICE QUANO	COM (cation)			
For further information co	ncerning this matter, please ca	dt:				
Eric LEro Name of	Pyrson MCCall	at (<u>305)</u> <u>589 –</u> Area Code Daytime	7336 Telephone Number			
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration So Division of Co	ection	Street Address: Registration Sec Division of Corp				
P.O. Box 6327		The Centre of Tallahassee				
Tallahasson Fl	1 30314	2415 N. Monroe	Street Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVP LOWN and LandScape Service LLC

(Name of the Limbied Liability Company as it now appears on our records.)

(A Florida Limbied Liability Company)

•								
The Articles of Organization for this Limited Liability Company Florida document number <u>LA3000369178</u>	were filed on AUGUST 7, 2023 and assigned	HOISING FOUNT						
This amendment is submitted to amend the following:	าน 2	- 유지 기본						
A. If amending name, enter the new name of the limited liab EVPMCQII QWN and Land S The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	COPE SETVICE LLC	COSMORTATION						
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	317 Palm Dreezes Drive Fort Pierce, Pla, 34945							
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: FOR+	Leroy McCall John 31 St Street Enter Florida street address PIET CE Florida 34950 City Zip Code							
New Registered Agent's Signature, if changing Registered Agent:								
		al alan						

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 317 Dalm BrEEZES DrivE	Type of Acti-	<u>on</u>
MGR	Eric Leray McGall	Address 317 Palm Breezes Drive Fort Pierce, 49 34945	_ ©Add	
	-		□ Remove	
A 0 =	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	317 Palm BrFFZESDMV	□Change	
AMBR	Precious A. White M Call	317 Palm Breezes DMV Fort PIECE, Flq. 34945	<u>)</u>	
			□Remove	
			_ Change	
- 19-2			_ 🗆 🗖 Add	
			Renfere At Ocean	CIVISIO
			_ Change	STATEM OF CORPORATIONS
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			□Remove	

Filing Fee: \$25.00

Typed or printed name of signee