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COVER LETTER

Registration Section

Division of Corporations

TO:

cupiece.	Brushes N Bushes Pa	inting & Landscaping, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Leonardo C. Morales	
		Name of Person	
		Firm/Company	
		2920 Woodpine Ct.	~; ;
		Address	
	,	Sarasota, FL 34231	ــــ نب
		City/State and Zip Code	
		Leo982252@gmail.com	<u> </u>
For further information	i:-mail address: (concerning this matter, please c	to be used for future annual report no all:	uncation) .
	C. Morales		- 250 - 9527
Name	of Person	at () Area Code Daytii	me 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brushes N Bushes Painting & Lar			
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears ity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were florida document number	e filed on	08/17/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the de	signation "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)	 .		:
-			
D. If any distribution of the additional and any appropriate and affice additional a		souds ontor the ne	me of the new regist
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our re	ecoras, <u>enter the na</u>	the of the new registr
Name of New Registered Agent:			
New Registered Office Address:	Futer Flor	ida street address	
	Emer Provide Sweet address		
	City	, Florida _	Zip Code
	Ciù		∠ <i>ір ∪оае</i>

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 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>	<u>Name</u>	Address	Type of Action
MGRM	Leonardo C. Morales	2920 Woodpine Ct. Sarasota, FL 34231	= Add
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an effective do ote: If the o	te, if other than the date of f ate is listed, the date must be specifi date inserted in this block does a ffective date on the Department	c and cannot be prior to date on not meet the applicable state	(option f filing or more than 90 days after fi autory filing requirements, this o	ling.) Pursuant to 605.020
record speci is filed.	fies a delayed effective date, but	t not an effective time, at I	2:01 a.m. on the earlier of: (b)	The 90th day after the
ated	September 26	2023	_	
	R	15	man dela)
		2000000 1.	wy loasy	

Typed or printed name of signee