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(R	lequestor's Name)	· · · · · · · · · · · · · · · · · · ·
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name))
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Certified Copies	Centificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

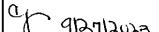


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COVER LETTER

TO: Registration Sect Division of Corpo			3 .
_	rl Lawn Mo	intenance	
	Name of Limited	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	ited for filing.	
Please return all correspond	lence concerning this matter to	the following:	
		LUDING Name of Person	
		Firm/Company	
	10213_W	illiams Rd	
	Tampa	FL 33\(\text{024}\) City/State and Zip Code	
	JIUdwigs	8130 amoil Com be used for future annual report notificat	tion)
For further information con	cerning this matter, please call	:	
JOSODH Name of F	Ludwig	at (<u>813</u>) <u>841-13</u> Area Code Daytime To	A5 elephone 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 Address: Registration Se		Street Address: Registration Section	
Division of Cor P.O. Box 6327	rporations	Division of Corporate The Centre of Tall	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JL Lawr	<u>Mainter</u>	ance LLC AM 7:15
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as It now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Corollary		JUST 25, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
 -	City	, Florida Zip Code
	City	zap Com

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

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

Title	Name	Address	Type of Action
MGR	Joseph Ludwig	10213 Williams Rd.	iX iAdd
	9	10213 Williams Rd. Tampa, FL. 33624	□Remove
			□Change
AMBR	James Logering	10213 Williams Rd.	(X /4d
		Tampa, FL. 33624	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

f an ei Note:	(optional) ffective date, if other than the date of filing:
record is f	ord 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 filed.
Dated	SEPTEMBER 6TH 2023
	SEPTEMBER 6TH 2023 Signature of a member or authorized representative of a member
	TOSEPH LADWEL
	Typed or printed name of signee

Filing Fee: \$25.00