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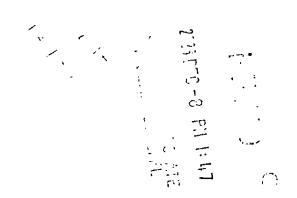
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COVER LETTER

	Registration Sec Division of Corp			
alin ing		ELAWNCARE N LANDSCAI	PINGCB LLC	
SUBJEC	Γ:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
		DEYOR BEDELL		
		<u></u>	Name of Person	•
			Firm/Company	
		8544 LAZY RIVER DR		-
			Address	
		TAMPA FL, FL 33617	Name of Limited Liability Company addinent and fee(s) are submitted for filing. the concerning this matter to the following: DEYOR BEDELL Name of Person Firm/Company 1544 LAZY RIVER DR Address TAMPA FL, FL 33617 City/State and Zip Code UNSHINELAWNCARELLC367@GMAIL.COM E-mail address: (to be used for future annual report notification) raing this matter, please call: at (
			•	
				(-) (-)
For further	er information c	oncerning this matter, please c	rall:	(1)
DEYOR	BEDELL		at ()	· co
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	iling Fee, ate of Status & I Copy
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

no \$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINELAWNCARE N LANDSCAPINGCB LLC (Name 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 08/30/2023 and assigned Florida document number L23000407378 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
MGR	DEYOR BEDELL	8544 LAZY RIVER DR	⊟ Add
		TAMPA FL, FL 33617	□Remove
			Change
			
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Effective date, if other than the date fan effective date is listed, the date must be seen the list of the date inserted in this block of document's effective date on the Depart	specific and cannot be price does not meet the appli	cable statutory filin	ore than 90 days after fi	ling.) Pursuant to 605.0207
record specifies a delayed effective dat d is filed.	te, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
oated	2023	- <u></u> -•		
	PILES			
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Sign	nature of a member or aut	norized representative	of a member	

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Filing Fee: \$25.00