L23000408376

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

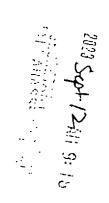
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A. RIVERS NOV 15 2023



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09/12/23--01017--010 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Hittmann Lawn Care, LEC		
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liabi Torida document number <u>L23000408376</u>	ility Company were filed on 8/30/23	and assigned
his amendment is submitted to amend the followi	ing:	
. If amending name, enter the new name of th	e limited liability company here:	
fittman Lawn Care, LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
<u>Principal office address MUST BE A STREET A</u>	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	λ)	
3. If amending the registered agent and/or registered and/or the new registered office address h		r the name of the new register
Name of New Registered Agent:		<u>:' -6</u>
New Registered Office Address:		lorida —
	Enter Florida street addre	288 _ ,
_		lorida <u></u>
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 veing 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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Page 2 of 3

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ffective date, if other than the an effective date is listed, the date mu			date of filing or more t	han 90 days after filing	Pursuant to 605 0207
ote: If the date inserted in this bl	lock does not m	eet the applical			
ocument's effective date on the D	epartment of Si	tate's records.			
e record specifies a delayed	d effective d	ate, but not	an effective time	e. at 12:01 a.m. o	on the earlier of
The 90th day after the rec	ord is filed.			, at 12.01 a	are carrier of
September 8		2023			
ated September 6	···································	2023	_ •		

Typed or printed name of signee



September 30, 2023

BRITTANY BEALL 2011 SW 20TH PLACE SUITE 104 OCALA, FL 34471

SUBJECT: HITTMANN LAWN CARE, LLC

Ref. Number: L23000408376

We have received your document for HITTMANN LAWN CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

Letter Number: 423A00022605

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