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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	+ #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: Registration Sect Division of Corpo		•	
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SUBJECT: 10 Cl	(16 10055 101) Name of Limit	O// SC/VICC IIC ed Liability Company	
		, ,	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	_		
	Bushon E	10101501	
	, 	Name of Person	
	Wart- Ros	SS COMPOSE MACE	1/2
	$\frac{111(At)^{1/2}}{2}$	SS CIWASCAVICE Firm/Company	
		01 = 1102	
	2695 18	77- 97- 1103 Address	<u> </u>
	Jacksonvil	City/State and Zip Code	2204
		•	
	F-mail address: tro	be used for future annual report notificat	ion)
	`	•	,
For further information cor	ncerning this matter, please cal	II.	
Brisbon	Addison	at (C104) 7201 - (0241
Name of I	Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Address:	•	Street Address: Registration Section	nn
Registration So Division of Co		Division of Corpor	
P.O. Box 6327	-	The Centre of Tall	
Tallahassee, Fl	L 32314	2415 N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Boss lawnscruces 11c.

(A)	Florida Limited Liabi	lity Company)	recorus.)			
The Articles of Organization for this Limited Liab Florida document number <u>L 23000 4210</u>	ility Company wer) 중니	re filed on <u>Scritci</u>	ober [1, 20	<u>023</u> ar	nd assign	ned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	e limited liability	company here:				
The new name must be distinguishable and contain the word	ls "Limited Liability C	Company," the designation	on "LLC" or the a	bbreviati	on "L.L.(c."
Enter new principal offices address, if applicable	le: _	<u>. </u>				
(Principal office address MUST BE A STREET	ADDRESS) _				023 SE	
	_	<u> </u>	· -	12.00 Y	<u></u>	
Enter new mailing address, if applicable:				7.	<u>>-</u>	<u>; ; </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u>-</u> -	<u> </u>	<u>i.</u>
		<u> </u>		<u> </u>	2	
B. If amending the registered agent and/or registered office address by		ress on our records,	enter the nan	ne of th	ie new i	<u>registered</u>
Name of New Registered Agent:	Brisha	on Addis				
New Registered Office Address:	2695	Post 5+ Enter Florida stree	#1103			
	Jeickso	Diville,	, Florida	327 Zip	204 Code	

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.

Bruston Caloliston

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

1,14114	1,141112201	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address 2695 Post 5+ #1103	Type of Action
ANIBR	Briston Addison	Jacksonville, Florida 3220	4 DAdd
			□Remove
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an effective date is li ote: If the date in	other than the date of isted, the date must be spenserted in this block door we date on the Department.	ecific and cannot be p es not meet the ap	plicable statutor	g or more than 90 d y filing requiremo	_ (optiona lays after filin ents, this da	l) ng.) Pursua	nnt to 605.	
ecord specifies a is filed.	delayed effective date,	but not an effecti	ve time, at 12:01	a.m. on the earlie	er of: (b)	The 90th o	day after	the
nted Sept	tember 1 Buistro	1 <u>, 208</u>	23.					
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Filing Fee: \$25.00