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(Requestor's Name)
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COVER LETTER

Division of Corpor	ations			
suвјест: Diamord	Pressure Cleaning Name of Limi	c Lawn Hankenare LL ted Liability Company	-	
The enclosed Articles of Am	nendment and fee(s) are subt	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Johnny Simp	SON Name of Person		
		Firm/Company		
	1907 Sw Fears Port Saint Luci	Address		3503 E 1 0
<u>:</u>	Sîmproni Ohnne E-mail address: (i	US 60 Ogmail. Col	ication)	⊃
For further information cond	erning this matter, please ca	all:	·.	C; (-7
Johnny Smpst Name of Pe	erson	at (173) 367 - 3 Area Code Daytime	3327 Telephone Number	
Enclosed is a check for the f ☐ \$25.00 Filing Fee	following amount: ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
<u>Mailing Address:</u> Registration Sec	ction	Street Address: Registration Sec	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/01/2023 ar	nd assigned
Florida document number <u>L2300498322</u>	, ' _·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>
		<u> </u>
	· :	Ö
Enter new mailing address, if applicable:		.:
(Mailing address MAY BE A POST OFFICE BOX)		.5
	. 1	1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of th	e new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
		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.

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>	<u>Address</u>	Type of Action
AMBR	Johnny Simpson	1907 Sw Fears Avenue	🗹 Ādd
		port saint lucie, fl 34953	□Remove
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Tective date, if other that an effective date is listed, the dote: If the date inserted in ocument's effective date on	ate must be specific as this block does not	nd cannot be prior meet the applica	to date of filing or rable statutory filin	nore than 90 days after	o nal) rfiling.) Pu s date will	rsuant to 605.02 not be listed a
ecord specifies a delayed e is filed.	ffective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90	th day after th
		2022				
ated November	mario 1	hipsu	_· /			