

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Gen An Lawn Care IIC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Khristopher Good |
| Geen Air Lawn Care 116 Firm/Company |
| 22 OAL Brook DX. Address |
| Ormand Beach DE F1 32174 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Khristophec Cooch at 407, 576-9691 Name of Person Area Code Daytime Telephone 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 (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

Tallahassee, FL 32314

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Li | ability Company as it now appears | on our records.) | |
|---|---|-----------------------------|-----------------------|
| (A FI | orida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabili | - · · | 12/14/23 | _ and assigned |
| Florida document number <u>L 2300055</u> | <u> 219</u> 2 | | |
| This amendment is submitted to amend the following | g: | | |
| A. If amending name, enter the new name of the | limited liability company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words | Limited Liability Company." the des | signation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicables | <u></u> | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | | |
| | | <u> </u> | 20 |
| | | TAL | 24 H |
| Enter new mailing address, if applicable: | | <u>55</u> | H TI |
| (Mailing address MAY BE A POST OFFICE BOX | | 5 5 | 8 |
| | | asse 10, | <u> </u> |
| | | E S | ~ □ |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | ered office address on our rec <u>re</u> : | cords, enter the name | of the new registered |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Floria | la street address | |
| | 2000 | | |
| - | City | , Florida | Zip 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 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> | Name | Address | Type of Action |
|--------------|-------------------|-----------------------|----------------|
| Prisident | Khristophic Goods | 22 Dok Brook Dr. | □Add |
| | | Ormand Beach FL 32174 | □Remove |
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| ective date, if othe effective date is listed, e: If the date insertument's effective da | the date : ed in this | must be specit s block does | ic and cannot t not meet the | e pnor to date applicable st | of thing o | more than 90 days after than 90 days after than 90 days. It is grequirements, the | ional) er filing.) P is date wi | ursuant to 605,6 Il not be listed |
| cord specifies a dela s filed. | yed effec | utive date, bu | it not an effe | ctive time, at | 12:01 a.r | n. on the earlier of: (| b) The S | Oth day after |
| ed April | 3 | | <u>. a</u> | <u> 46C</u> | | | | |
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Filing Fee: \$25.00