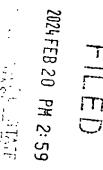


Office Use Only



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COVER LETTER

TO:	Registration Sc Division of Cor					
SUBJI	ect: <u>Gobah</u>	S_LAWN_SERVICES,_LU	_Cited Liability Company			
		Name of Em	иев Емонну Сопрану			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Corpor	ate Maintenance Lea	ad		
			Name of Person	-		
	Processing Department					
			Firm Company			
		1450 Vassar St				
			Address			
			Reno, NV 89502			
			City State and Zip Code			
		E-mail address; (to be used for future annual report north	icanon)		
For fur	ther information c	oncerning this matter, please ca	all;			
	Process	ing Department	ar (<u>800</u> , 638-2320			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	he following amount:				
Ø \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		ING ADDRESS:	STREET/COURT Registration Section	-		

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VN SERVICES, LLC	
(Name of the Limited Liability Co (A Florida Liny	mpany as it now appears on our recorded Liability Company)	ords,)
The Articles of Organization for this Limited Liability Computer document number L24000066663	any were filed on <u>02/06/2024</u>	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
MAXWELL LAV	VN SERVICES, LLC	
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "L	.LC" or the abbreviation "L L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		B 20
Enter new mailing address, if applicable:		المحالة جي ج
Mailing address MAY BE A POST OFFICE BON)		PH 2:
		<u> </u>
		• • • • • •
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, <u>enter the name of the ne</u>
	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	hexs
		Florida
	City	Zıp 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 = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			_
			Remove
		·	Change
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			☐ Remove
			Change
			Add
			Remove
			□ Chanua

ffective date, if other than the date of filing: N/A an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 torg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Signature of a member of authorized representative of a member. Signature of a member of authorized representative of a member.		
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Page 3 of 3

Filing Fee: \$25.00