

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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02/26/24 -01018 624 ++21.00



COVER LETTER

Division of Corpo		•	•	*
SUBJECT: <u>Gre</u>	en Beard's	Lawn Care	LLC	
	Name of Lin	nited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Adam	Badal		
		Name of Person		
		Firm/Company		
	2895 t	lickory Ave	NE	
	Yalm Bay	FL 3290 City/State and Zip Code	5	
-	E-mail address:	al @ yahoo. (10 be used for future annual re	eport notification)	
For further information con-	cerning this matter, please c	all:		
Adam E	Badal	at (321)	431-61:	35
Name of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the t	following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ado	dress:	

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

	Lawn Care LL	
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our rec led Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>トス4000フ9し</u> 』	any were filed on $\frac{2/14}{}$	12024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "I	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	res
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		÷5
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	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>	<u>Name</u>	Address	Type of Action
MGR	Adam Badal	2895 Hickory Ave NE	(BAdd
		2895 Hickory Ave NE Palm Bay, FL 32905	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Remove
			Change
			[]Add
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			□Change
			□Ađd
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			Change
			🗆 Add
			□Remove
			☐ Change

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reffective <u>te:</u> If the	date, if other than the date of filing:	filing.) Pursuant to 605.020
ecord spe s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	2-20-24	
	Clean Loud	
-	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00