L24000256346

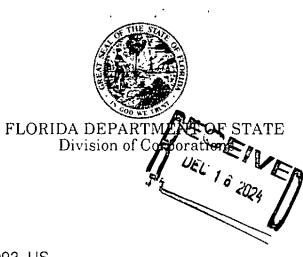
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Elikky Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Dec 16, 24			

Office Use Only



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2024 DEC 16 AH 7: 47
SECRETARY OF STATE
TALLADASSEE FI



STEVEN WAND 2902 NW 4TH AVE CAPE CORAL, FL 33993 US

December 7, 2024

SUBJECT: WARD & SON MOWING, LLC

Ref. Number: L24000256346

We have received your document for WARD & SON MOWING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 424A00026516

COVER LETTER

TO:	Registration Section Division of Corporation						
SUBJE	CCT:	WARD + Soon Name of Limi	Mown, LLC ited Liability Company				
The end	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.				
Please	return all corresponde	ence concerning this matter	to the following:				
		STEU	EN WARD Name of Person				
		WARd	Firm/Company	LLC			
		290	D NW 4th Ave				
		C	The Coral FL City/State and Zip Code	33993	(0	22	
		STEVE A	J. WALD & 9 @ Ao	L. Com	ECRE TALI	2024 DE	.
For fur	ther information cond	cerning this matter, please ca			JAHA.	91 33	
	Sit C	EN WAND	at (207) 671- Area Code Daytime	TSOZ Telephone Number	SECRETARY OF STATE TALLAHASSEE, FL	AH 7: 47	
Enclose	ed is a check for the f	following amount:					
	, i	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Copy (additional copy i	Status & y		
	os pevia	usuj seru.					
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe	porations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WARD + In	Mowing	LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LZY000Z563Y6</u>	y were filed on	6/04/2024	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	NA		···-	_
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	MA		8 2	_
(Mailing address MAY BE A POST OFFICE BOX)			TA E0	_
B. If amending the registered agent and/or registered office	address on our re	ecords, enter the nan	ne of the new regis	- T
agent and/or the new registered office address here:		_	AH OF SEE	1
Name of New Registered Agent:	SIEVEN	WAND	7: 47 STATE	_ _
New Registered Office Address:	Enter Flor	ida street address		_
		, Florida		
	City	i ioi iua	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
AMBIL	Comy N Comby	2902 NW 94 Ave CC, FL 33993	□Add
	(CC, FL 33993	20 Kemove
			Change
<u>C60</u>	STEVEN WAND	2902 W 4th Ave CC, FL 33993	[DAOJ
		CC, FL 33993	□Remove
			□Change
VP	Donna Cember		[A X (id
	`	CC, FC 33993	2026 DEC 18 AM J: 47 ve SECRETARY OF STATEO
			HASSEE
			STATE Remove
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	HASSIE, FL	AM 7: 47
Effective date, if other than the date of filing:	filing.) Pursuani to 6	05.0207 (3
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bord is filed.) The 90th day af	ter the
Dated 12/8/24 A		
Signature of a member or authorized representative of a member		
STEVEN A WAND Typed or printed name of signee		

Filing Fee: \$25.00