L24000264120

(Requestor's Name)
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

SURJECT: ///At	Hon's Lawn C	are LLC	
Comment - Comment	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	WayLon U	White Name of Person	
	Waylon's	Lawn Care LLC Firm/Company	
	13105 SE	US HWY 30/	
		FL 32640 City/State and Zip Code	
	Waylon John Fi-mail address: (n 2008 6 9 mail. Ca	n fication)
For further information of	concerning this matter, please ca	all:	
Waylon	Whik	at (<u>352</u>) <u>339 -</u> Area Code Daytim	0906
Enclosed is a check for t	he following amount:		
∏ \$25.00 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Co	porations
P.O. Box 632	4.7	The Centre of T	allanassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAYLON'S LAWN CARE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I.	ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000264120}{L24000264120}$.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ente</u>	
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street addre	
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, c provided for in Chapter 605	and I am familiar with and F.S. Or, if this document is
If Chan	ging 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
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			□Remove
			□Change
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