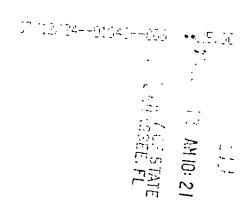
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(Requestor's Name)
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PICK-UP WAIT MAIL
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07/12/24

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Huntiton Lawn Care 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:
John Huntington Name of Person
Hyptinton Lawn care Firm/Company
914 CR 485
Lake Parasther FL 33538
erva williams City/State and Zip Code Erva Williams & Yahoo. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
John Huntington = 352,418-5209
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
Mailing Address: Registration Section Street Address: Registration Section

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

	are
(<u>Name of the Limited Liability Con</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>296549</u> .	ny were filed on $7 - 1 - 2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
Huntington Lawn Care	110
The new name must be distinguishable and contain the words "Limited Li.	ability Company," the designation "LLC" 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)	coc > max #
,	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	***************************************
New Registered Office Address:	
	Enter Florida street oddress
	, 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 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
			□Add
			□Remove
			□Change
			🗀 Add
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			□Change
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		THASSES, FL	Remove
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ive date, if other than the date of filing:	to dota affilias	or more than C	(optional) .) Pussa	ant to till
ective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the application ent's effective date on the Department of State's records.					
on series of due sit the Behaviteness of batters records.					
d specifies a delayed effective date, but not an effective tined.	ne, at 12:01 a	a.m. on the ea	rlier of: (b) T	he 90th	day afte
7-9-2024					
11/1/					
Signature of a member or author					