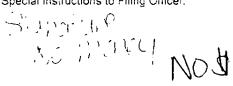
124000369436

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:



10/08/2024

12/4 - Signaffice Use Only

Received January 1,



800436663068

12/05/24--01003---010 **25.00



COVER LETTER

CC	VER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: MTS mowing and Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit Please return all correspondence concerning this matter to	
Tosha M	Name of Person
MJ's mawi	SFirm/Company
141 Scroty Rd	Address
Husthorne, F	City/State and Zip Code O y CO CO CO O be used for future annual report notification)
E-mail address: (to	
Name of Person	at ()
Enclosed is a check for the following amount: \$\sum{525.00}\$ \text{Filing Fee} \square \$\square\$ \$30.00 \text{Filing Fee & Certificate of Status}	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

NO# 10/8/24

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200	FILED
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company) 2025 JAN - 1 PH 4: 04
(Name of the Limited Liability Company (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number <u>L24066369436</u>	y were filed on August 22 2024 and assigned TALLAHASSEE, FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	141 S cnty Kridi
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address nere.	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Tosh	a Mason
New Registered Office Address:	Florida Siree address Florida Siree address Florida Siree address Florida Salo40 Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

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

AMBR = Au	ithorizea Weiliber	Address	Type of Action
<u>Title</u>	<u>Name</u>	Address	
Mar	Michael mason Sr	141 Scnty Radi	□ Add
S.J		141 Scnty Rd 21 Hawthorne, Fl 32640	Kemove
			□Change
			🗆 Add
			□Remove
			Change
			□Remove
			□Change
			□Remove
			□Change
			Remove
			□Change
			□ Add
-			□Remove
			Change

	<u> </u>
11010	tive date, if other than the date of filing: (optional) ffective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is	filed.
Date	
	/1 /
	Signature of a member or authorized representative of a member



October 28, 2024

TOSHA MASON 141 S CNTY RD 21 HAWTHORNE, FL 32640

SUBJECT: MJS MOWING AND MORE LLC

Ref. Number: L24000369436

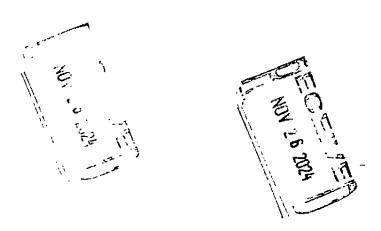
We have received your document for MJS MOWING AND MORE LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

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 call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 724A00023712



December 5, 2024

Tosha Mason

141 S County Rd 21

HAWTHORNE, FL 32640

SUBJECT: MJS MOWING AND MORE LLC

REF: L24000369436

We have received your document for MJS MOWING AND MORE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 call (850) 245-6050.

Anissa Butler Regulatory Specialist II FAX Aud. #:

Letter Number: 624A00026286

Received 2005 Faruar Mes Butter

I have signed and Returned to you. thenkyon very much

- my address is correct on the Division of corporation website But not Correct on THIS typed letter. Thank you Tosha Mason

December 5, 2024

TOSHA MASON 141 SENTY RD 21 HAWTHORNE, FL 32640

SUBJECT: MJS MOWING AND MORE LLC

REF: L24000369436

We have received your document for MJS MOWING AND MORE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Anissa Butler Regulatory Specialist II FAX Aud. #:

Letter Number: 624A00026286