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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OTV Lawncare LLC
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:
Justin Marsh Name of Person
OTV Lawn Care LLC Firm/Company
541616 Lem Turner Rd.
Callahan FL 32011 City/State and Zip Code OtVlauncare @ gmail. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Tustin March at (904) 763-6028 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 Certifical Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:Street Address:70Registration SectionRegistration Section100Division of CorporationsDivision of Corporations100P.O. Box 6327The Centre of Tallahassee100Tallahassee, FL 323142415 N. Monroe Street, Suite 810100Tallahassee, FL 32303100

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A	A Florida Limited L	Jability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>し ユ リ ク ク (</u>	bility Company	were filed on <u>O</u>	8-26-20	24 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the wo	ids "Limited Liabili	ity Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			
Enter new mailing address, if applicable:			·	
(Mailing address MAY BE A POST OFFICE B	<u>eox)</u>			
B. If amending the registered agent and/or regard and/or the new registered office address		ddress on our rec	cords, <u>enter the nan</u>	ie of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		- Cnv	Florida	Zip Code
New Registered Agent's Signature, if changing Re	udetanad A	Сіў		ZIP Code
ACO Acgistered Agent's Signature, ii changing Re	gistereu 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	Justin Marsh	541616 Lem Turner Rd	. IVAdd
		Callahan, FL 32011	□Remove
			□Change
			□Add
			🗖 Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
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			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
		···	□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 20th day after the record is filed, ignature of a member or authorized representative of a member