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COVER LETTER

TO:

TO: Registration S Division of Co			
	ing And Landscaping LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joshua Wilson-Davis		
		Name of Person	
,	MC Hauling And Landsea	aping LLC	
		Firm/Company	
	6756 Ashbury Dr		
		Address	
	Lakeland, FL 33809		
		City/State and Zip Code	
	mchaulingandtrucking@gn	nail.com (to be used for future annual report notification)	
For further information	concerning this matter, please c		
Joshua Wilson-Davis		813 294-0035	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Stat Certified Copy (additional copy is enc	rus &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	20 X X X 05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC Hauling And Landscaping LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		024 and assigned
This amendment is submitted to amend the following	<u>;</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain 'he words'	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
(Mulling data ess MATT DE ATTOOT OF THE BOX)		
		-
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	rreet address
_		, Florida Zip Code
•	City	71p Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performance of my d agent as provided for in Chap tered office address, I hereby c	duties, and I am familiar, with and oter 605, F.S. Or, if this document is—

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
AP	Joshua Wilson-Davis	6756 Ashbury Dr	□Add
		Lakeland, FL 33809	[] Remove
			□Change
AMBR	Joshua Wilson-Davis	6756 Ashbury Dr	[[Add
		Lakeland, FL 33809	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		71	□Remove
			Change
		_	□Add
			Remove
			Composition of the composition

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ote: If the ocument's	late, if other than the e date is listed, the date must e date inserted in this blos effective date on the Deceifies a delayed effective	ock does not n partment of S	neet the applicate's records	to date of filing cable statutory	filing requirem	ents, this date	will not be	e listed a
	1 254		2024	⁄_				
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is filed. Septented	·	Signature of a i	nember or auth	orized represent	ative of a membe	т	TALL TALK	2924 ACI -2

Filing Fee: \$25.00