

8/19/25, 11:48 AM

Division of Corporations

L250002903913

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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TALLAHASSEE FL 32309

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KMT LAWCARE AND PRESSURE WASHING LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

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AUG 20 2025

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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KMT Lawncare and Pressure Washing LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2025 and assigned
Florida document number L25000058514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

2351 West 11th Street

Jacksonville, FL 32209-5822

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kenneth Maurice Toliver SR	2351 West 11th Street	<input type="checkbox"/> Add
		Jacksonville, FL 32209-5822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenneth Toliver	2351 West 11th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209-5822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth Maurice Toliver SR	2351 West 11th Street	<input type="checkbox"/> Add
		Jacksonville, FL 32209-5822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth Toliver	2351 West 11th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209-5822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shannon Cox	6524 Heidi Road	<input type="checkbox"/> Add
		Jacksonville, FL 32277-2155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF DISTRICT COURT

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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 90th day after the record is filed.

Dated August 19th, 2025

/s/ Kenneth Toliver

Signature of a member or authorized representative of a member

Kenneth Toliver

Typed or printed name of signee

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Filing Fee: \$25.00