Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA LIVING LAWNS & PRESSURE WASHING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FLORIDA LIVING LAWNS & (Name of the Limited Liability Compan (A Florida Limited Limit		
(A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed onDI	ECEMBER 02, 2016 and assigned
Florida document numberL16000218606		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here	;
FLORIDA LIVING LANDSCAPES LLC	·.	
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the desi	gnation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		2 8
		100 円 円
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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B. If amending the registered agent and/or registered of	fice add ess on o	our records, enter the name of the ne
registered agent and/or the new registered office address here	2:	
	•	
Name of New Registered Agent:		
New Registered Office Address:		
110111102000000 01110000000000000000000	Enter Florid	a street address
	91	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	aa to oot in this oo	exacts. I further waree to comply with th
t hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	ry duties, and I am familiar with and appear 605. F.S. Or, if this document is
	nging Registered Age	

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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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JUSTIN J BUSTAMANTE	970 LINNAEN TER NW	
		PORT CHARLOTTE, FL 33948	□ Remove
			☐ Change
AMBR	WILLIAM SMITH	970 LINNAEN TER NW	≅ Add
		PORT CHARLOTTE, FL 33948	
		·	Change
		· .	D Add
			☐ Remove
			[] Change
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tive date, if other than the date ffective date is listed, the date must be sp	of filing:	Calina ar mare than 00 d	_ (optional)) Purement to 68
: If the date inserted in this block d	oes not meet the applicable stat	atory filing requireme	nts, this date	will not be lis
ment's effective date on the Depart	nent of State's records.			
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e 90th day after the record	s filed.			
FEBRUARY 02	2018			
d				
	Sect Bus	tieb.		<u>. </u>
Sign	niture of a member or authorized rep	presentative of a member	-	
	JUSTIN J BUSTAM	ANTE		
	1001114 1 D001144			

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