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DIVISION OF CORPORATION

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	ird Generation Name of Lim	on Landscaping ited Liability Company	, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph	Proscia Louis Name of Person	
SUBJECT: Third Generation Landscaping, 440 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: Joseph Proscia Jour's THE Name of Person	caping, LLC		
	125 Vir	ginia dr Ww Address	
	Joroscia E mait address: (350 gmail/com	ication)
For further information of	concerning this matter, please ca	alt:	
Joseph	Aird Ocneration Landscaping, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:		
Name c	d Person	Area Code Daytime	: Telephone Number
	he following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Third Generation	Company as it now appears on our records.)	
(<u>Name of the Limited Liability</u> (λ Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/18/2018	and assigned
Florida document number 48000897271	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		5
(Principal office address MUST BE A STREET ADDR	ESS)	AUG RE
		SA CAPE
Enter new mailing address, if applicable:		PH 2
(Mailing address MAY BE A POST OFFICE BOX)		F ATTOMS
B. If amending the registered agent and/or regist- registered agent and/or the new registered office addr		he name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
Name Daniers and America Simulations (Calemanica Daniers and		Σιρ Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a	md agree to act in this capacity. I further agre	re to comply with th

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 **Title** <u>Name</u> **Address** Type of Action Joseph Louis Proseia III 125 Virginia dr NW Add MGB __

Change __□ Remove □ Add □ Remove □ Change □ Remove □ Change □ Add ☐ Remove _□ Change _□ Add

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Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earl	ier of:
	A		
Dated	August 1 2018		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00