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COVER LETTER

TO: Registration Secti Division of Corpo			3
SUBJECT:	Big Bos	s3 Landscopy ted Liability Company	<u>09</u>
The enclosed Articles of Ar	nendment and fee(s) are sub	nitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	<u> </u>
	Dia	Name of Person	<u>)ez</u>
	B36 1-	Firm/Company	ortners Inc
	312 S 0	old Dixie K	1wy # 109
	inforbo	City/State and Zip Code Financial Povin be used for future annual report notif	iers. Com
For further information con-	cerning this matter, please ca	•	
Name of Po	Jelos accez	at (<u>S5)</u> <u>529</u> Area Code Daytime	-49 23 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Name of the Limited Liability Compa (A Florida Limited	ands caping (Caping (C
The Articles of Organization for this Limited Liability Company Florida document number 1800025600	were filed on 10-31-18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab S S S	andscapina LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	216 Fern St Api 3 Jup?ter 71 33458
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	216 Fern St. Apl 3 Jupiter Fl 33458
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent: BIG T	inancial Partners Inc
New Registered Office Address: 312	5 Old Ditie Hwy #109 Enter Florida street address
Jup? 1	City Slorida 33458 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 606, 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		NA.	Add
			☐ Remove
		·	☐ Change
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fective date, if other than	the date of filing:	26 119	(opti	
te: If the date inserted in th	nis block does not meet the	applicable statutory f		
cument's effective date on t	he Department of State's re	cords.		
record specifies a del The 90th day after the	ayed effective date, but record is filed.	ut not an effectiv	e time, at 12:01 a	a.m. on the earlie
red tebruary	26 . 20	>19		
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	Signature of a member of	SULL.		

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Filing Fee: \$25.00