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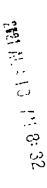
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COVER LETTER

TO: Registration Section

Division of Co	rporations		
SUBJECT: EDDY LA	NDSCAPING SERVICE LLC		
AUDJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLGA RAMOS		
		Name of Person	
	FREEDOM TAX SERVIC	CE OF SWFL CORP	
		Firm/Company	
	12355 COLLIER BLVD S	ТЕ Н	
		Address	
	NAPLES FLORIDA 3411	6	
		City/State and Zip Code	
	OLGARAMOS0524@GM	AIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
OLGA RAMOS		239 455-6011	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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 Addres		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Co The Centre of	
Tallahassee, I	² L 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDDY LANDSCAPING SERVICE LLC

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

The Articles of Organization for this Limited	Liability Compan	y were filed on $\frac{02/23/2}{}$	and assigned	
Florida document number L21000090625	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liah	ility Company," the design	nion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	<u> </u>		
(Principal office address MUST BE A STRE.	ET ADDRESS)		-32	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)		ල	
			ω	
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new Registered Agent:	<u>ess here</u> :	address on our record AX SERVICE OFSWFL		<u>d</u>
New Registered Office Address:	12355 COLLI	ER BLVD STE H		
New Registered Office Address.		Enter Florida su	vet address	
	NAPLES		Florida 34116 Zip Code	
			Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regulation filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	eperformance of my a provided for in Chap	uties, and I am familiar with and er 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
MGR	EDUARDO CASTILLO RODRIGI	10529 MAJESTIC CIRCLE	
		NAPLES, FL 34114	
			□Change
MGR	OSNIEL CORDOVES CRUZ	5405 26TH PL SW	≣ Add
		NAPLES, FLORIDA 34116	□Remove
			□Change
MGR	DANAY MILIAN RODRIGUEZ	5405 26TH PL SW	≣ Add
		NAPLES, FL 34116	□Remove
			□Change
			□Add
			□Remove
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ffective date, if other tha	n the date of filic	na.		(or	ational)
ffective date, if other that an effective date is listed, the da lote: If the date inserted in (ne must be specific ar	nd cannot be prior	to date of filing or	more than 90 days a	fler filing.) Pursuant to 605.6
ocument's effective date on	the Department of	State's records.	aoic statutory tr	mg requirements,	inis date will not be liste.
record specifies a delayed ef l is filed.	fective date, but no	ot an effective ti	me, at 12:01 a.n	n on the earlier of:	(b) The 90th day after
ated		2021			
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6	1/1				

Filing Fee: \$25.00