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TO:

Registration Section

Division of Cor	porations		3
LAWNSCA	APES USA, LLC		i.
SUBJECT:	Name of Lim	ited Liability Company	
T1 1 1 1			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEBRA SWAIN		
		Name of Person	
	LAWNSCAPES USA, LL	C	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7110 HENDRY CREEK I	DR .	
	•	Address	
	FORT MYERS, FL. 33908	\$	
		City/State and Zip Code	
	LAWNSCAPESUSA@GM	AHCOM	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
DEBRA SWAIN		239 340-3851 at()	
Name o	f Person	Area Code Daytin	ne 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 Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassee. 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAWNSCAPES USA, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.03000050205}{1.0000050205}$	pany were filed on DECEMBER 4, 2003	and assigned
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 I	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRESS	<u> </u>	20 -
		<u></u>
		21
Enter new mailing address, if applicable:		7 14
(Mailing address MAY BE A POST OFFICE BOX)		ರು _{ಶಿಕ್ಕ}
January State Stat		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
Naw Projectored Office Addresse		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , Florida	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CORY SWAIN	17582 BOAT CLUB DR.	≣ Add
		FORT MYERS, FL. 33908	□Remove
			□Change
			□Remove
			☐ Change
			24
			☐ Remove ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
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	<u>, </u>		
·	MARCH 6, 2020)	
	st be specific and cannot be prior to dat	e of filing or more than 90 days at	
<u>te:</u> If the date inserted in this brument's effective date on the I	lock does not meet the applicable so Department of State's records.	statutory filing requirements, t	this date will not be listed
cord specifies a delayed effecti is filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier of:	(b) The 90th day after t
MADOLLA	2020		
red MARCH 6	- 2020		
	Olbra Swarn Signature of a member or authorized		