1870900090781

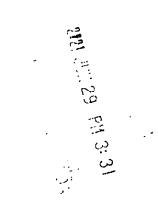
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	,
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zin/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Orty/Otale/Zip/i Holle #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
	•
	Cartified Copies Cartificates of Status
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
I I	

Office Use Only



100368357901

08/29/21--01030--007 **25.00



COVER LETTER

TO: Registration of Division of	on Section Corporations	·	
SUBJECT:	Udell's Landsca Name of Lim	OP Sec VICES	lic.
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	Core	Name of Person	·
		Firm/Company	
	16 Piedr	ocat Drive _	
		Address	
	Palm Coast	r. FL 32164	
		City/State and Zip Code	
	<u> </u>	to be used for future annual rep	port notification)
For further informat	ion concerning this matter, please c	all:	
Case	2001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or (3.9.()	931-6539
Na Na	ime of Person	at (386) Area Code	Daytime Telephone Number
	for the following amount:		
X \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Add	
	on Section of Corporations	-	on Section of Corporations
P.O. Box	6327 ee, FL 32314		re of Tallahassee Monroe Street, Suite 810
Tallallass	CC, 1 L 32317		ee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Light)	ity Company as it now appears on o	ur records.)
(A Florid	a Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability (Company were filed on	15/04 and assigned
Florida document number <u>i_0 4000 090 781</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ited liability company here:	
Udel 1'S Land Scape Sec. The new name must be distinguishable and contain the words "Lin	NICES LLC nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		2
Enter new mailing address, if applicable:		~
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	4	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	<u>.</u>		□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			<u> </u>
			☐ Remove
			Change
			دی DAdd
			□Remove
	·		□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

		<u> </u>		
			·	
				7691
	,			
				<u> </u>
				بَ
			_ .	<u> </u>
<u></u>				<u> </u>
ective date, if other than the defective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet the ap	opticable statutory t	(option or more than 90 days after thing requirements, this	nal) filing.) Pursuant to 605.0 date will not be listed
ord specifies a delayed effective of filed.	date, but not an effect	ive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after
d Tippe 25				
			tive of a member	