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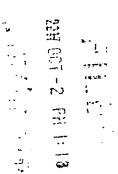
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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S. HAR.

# **COVER LETTER**

|              | egistration Se<br>vision of Cor |   |   |   |  |  |
|--------------|---------------------------------|---|---|---|--|--|
| CUD IF CT    |                                 | THE ART LANDSCAPING                             | LLC   |   |  |  |
| SUBJECT      | :                               | Name of Lim                                     | ited Liability Company  |   |  |  |
| The enclose  | ed Articles of                  | Amendment and fee(s) are sub                    | mitted for filing.  |   |  |  |
| Please retur | n all correspo                  | ndence concerning this matter                   | to the following:   |   |  |  |
|              |                                 | VICKI MOORE                                     |   |   |  |  |
|              |                                 |   | Name of Person  |   |  |  |
|              |                                 | STATE OF THE ART LA                             | NDSCAPING   |   |  |  |
|              |                                 |   | Firm/Company  | <del></del>   |  |  |
|              |                                 | 6016 ORCHIS RD                                  |   |   |  |  |
|              |                                 | Address   |   |   |  |  |
|              |                                 | VENICIE FL. 34293                               |   |   |  |  |
|              |                                 | City/State and Zip Code                         |   |   |  |  |
|              |                                 | GMOORE@COMCAST.NET                              |   |   |  |  |
|              |                                 | E-mail address: (                               | to be used for future annual report                                 | notification)   |  |  |
| For further  | information co                  | oncerning this matter, please co                | all:  |   |  |  |
| VICKI MO     | OORE                            |   | 941 323-1926<br>at ()   | 5   |  |  |
|              | Name of                         | 「Person   | Area Code Day   | time Telephone Number   |  |  |
| Enclosed is  | a check for th                  | e following amount:                             |   |   |  |  |
| \$25.00      | Filing Fee                      | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

STATE OF THE ART LANDSCAPING (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 Company were filed on  $\frac{9/28/2017}{1}$ \_\_\_\_\_ and assigned Florida document number \_\_\_\_L06000081086 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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          | VICKI MOORE | 6016 ORCHIS RD VENICE FL. 34 | <b>=</b> Add   |
|              |             |                              | □ Remove       |
|              |             |                              | ☐ Change       |
|              |             |                              |                |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if nec                                    | essary.)   |                    |
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| Effective date, if other than the date of filing:   | onal)<br>r filing.) Pursuant to 605.9<br>s date will not be listed | 0207 (3<br>d as th |
| the record specifies a delayed effective date, but not an effective time, at 12:01 and the specifies and the record is filed. | a.m. on the earlie   | r of:              |
| Dated SEPTEMBER 28 2017   |  |                    |
| Michi Morel   | <b>267</b> 00  | م<br>ا             |
| Signature of a member or authorized representative of a member  |  | mara<br>Mara       |
| VICKI MOORE   | . rs   | ; ·                |
| Typed or printed name of signee   |  | ٠,                 |
|   | Cu   |                    |

Page 3 of 3

Filing Fee: \$25.00