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(Re	questor's Name)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE FALLAHASSEE, FLORIE

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COVER LETTER

TO: Registration Se Division of Cor		A	
SUBJECT:	ASERIO & SONS LAN	10SCROING LLC lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth	Name of Person	
		Name of Person	
	CASERIOES	SONS LANDSCAPING LLC Firm/Company	
		Firm/Company	
	2531 SW	31th IER	
		Address	
	CAPE CSEAL, 1	C1.33914	
	Kancaceeina.	Address 71. 33914 City/State and Zip Code 1 hoo.Corn to be used for future annual report notifically.	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
KEN CASER	ip .	at (<u>139</u>) <u>222 - 58</u> Area Code Daytime	88
	f Person	Area Code Daytime	Telephone Number
T	c n		
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 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

Lanoscaping LCC
y Company as it now appears on our records.) Limited Liability Company)
ompany were filed on /0/1/06 and assigned
ted liability company here:
ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ESS)
tered office address on our records, enter the name of the
ress here:
ress here: ZOIB MAR ALL AHAS
Enter Florida street address Florida Florida

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 **Title** Name <u>Address</u> Type of Action 2519 NW 18th AVE CAPECOLAL, Fl. 33993 DAYLON PLANA MGR ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and ca	3///8 unnot be prior to date of f	(opti	onal) r filing.) Pursu	ant to 605.02
ote: If the date inserted in this block does not meet becament's effective date on the Department of State	et the applicable statut	ory filing requirements, thi	s date will no	ot be listed
·				
record specifies a delayed effective dat The 90th day after the record is filed.	e, but not an effe	ctive time, at 12:01	a.m. on th	e earlier
March 1, Signature of a me	<u> 2018</u>			
Kanada	5/2 -			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00