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DIVISION OF CORPURATION

COVER LETTER

TO: Registratio Division of	n Section Corporations
SUBJECT:	Tony Sarcano LLC Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Frances Albarello Name of Person
	Tuffscapes Firm/Company
	53 Key West OR
	Address
	Leesburg FC 34788
	City/State and Zip Code Turfscapesmgt at Aol. Com E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
	ne of Person at (407, 247, 8925 Area Code & Daytime Telephone Number
Nar	me of Person Area Code & Daytime Telephone Number
Enclosed is a check f	for the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

SECRE	FILEU TARY OF THATE OF CORPORATIONS
.,	11.1012

11 MAR -7 PM 12: 23 (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 10 15 2008 and assigned Florida document number <u>Lo</u>80000 97470 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: rances Albarello Name of New Registered Agent: Enter Florida street address

Leesburg, Florida 34788

Zin Code 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager br-Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Address **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated Frances Albarello Typed or printed name of signee

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Filing Fee: \$25.00