

5/19/22, 2:41 PM

Division of Corporations

Florida Department of State

L10 0000034163

Division of Corporations
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(((H220001790603)))



H220001790603ABC.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFINITY LANDSCAPE SOLUTIONS, LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H22000179060 3)))

INFINITY LANDSCAPE SOLUTIONS, LLC

(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 01/11/2010 and assigned
Florida document number L10000003463.

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 "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:

Name of New Registered Agent:

STEVEN JAMES BARNES

New Registered Office Address:

3337 STEEPLECHASE LANE

Enter Florida street address

KISSIMMEE

City

Florida

Zip Code

34746

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.

DocuSigned by:

Steven J Barnes

LPCE64F723C049E...

If Changing Registered Agent, Signature of New Registered Agent

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Identifying Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000179060 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MATTHEW HILL	P.O. BOX 2959	<input type="checkbox"/> Add
		DAVENPORT, FL 33836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN JAMES BARNES	3337 STEEPLECHASE LANE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 18, 2022

Signed by:

Matthew Hill

1656577570432

Signature of a member or authorized representative of a member

MATTHEW HILL

Typed or printed name of signee

Filing Fee: \$25.00

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