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| (Requestor's Name) | |
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| (Business Entity Name) | |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| 10: Registration Section Division of Corporations |
|---|
| SUBJECT: ARZ / Jandscape Management LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Micheal Stone Name of Person |
| ARZ landscape Management LLC Firm/Company |
| 120 dew drop LN Address |
| Casselberry FL 32707 City/State and Zip Code |
| City/State and Zip Code Stone Sima Gmail Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Micheal Stane at (407) 952-5289 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Scertificate of Status Status Status Scertified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

| HRZ Landscape Ma (Name of the Limited Liat (A Flori | vic Gene bility Company rida Limited Lia | as it now appears on bility Company) | our records.) | | |
|--|--|---|---------------------|------------------------|-----------------|
| The Articles of Organization for this Limited Liability Florida document number 41000016145 | - | ere filed on 2/ | 11/2010 | and as | ssigned |
| This amendment is submitted to amend the following | | | | | |
| A. If amending name, enter the new name of the li | imited liabili | ty company here: | | | |
| The new name must be distinguishable and end with the words ' Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD) | | ty Company," the design | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PO Box 91, Longwood, Fl | 6805 32791 | , | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac | | ce address on our | records, <u>ent</u> | eE the name | of the new |
| Name of New Registered Agent: | Micheal | Stone | | CT 30 EMAN HASSI | 1 |
| New Registered Office Address: / | 70 Dew | Store drop [n. Enter Florida st. Cry City | reet address | <u>F</u> | gramma Frame |
| | Casselbe | cry City | , Florida | 37 18 7 Zip Code | <u> </u> |

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 the managers or Authorized member on our records, enter the title, name, and address of each manager or Authorized Member being added or removed from our records:

| MGR = M $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|--------------------------|-----------------------|
| Title | Name . | Address | Type of Action |
| MGR | Zachary Morrisan | 543 Northbridge Dr. | Add |
| | V | Altamonte Springs, FL 32 | 7/4 KRemove |
| MGR | Amy Leavy | 543 Northbridge Dr. | Add |
| | v | Altamente Springs, FL 32 | 7/4_ 5/ Remove |
| MGR | Micheal Stone | 170 Dewdrop Ln. | Add |
| | | Casselberry FL 3270 | 27_□ Remove |
| | | | Add |
| | | | SECOND REMOVE |
| | | | Add 11 9: 2 FRemove |
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| ective dan effective da date this do | e, if other than the date te must be specific, cannot be cument is filed by the Florida | prior to date of receipt or filed date and | (optional) d cannot be more than 90 days after |
| 10 | -28-14 | . 2014 | |
| ed /O | | | |
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