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JUN 19 20TH
J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Quality Cut Landscaping, 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:
Antonio J. Garcia Name of Person
A J Consultant Services
Firm/Company
4750 Via Carmen
Address
City/State and Zip Code algnaples @ VAhoo-Com. E-mail algress: (to be used for future annual report notification)
City/State and Zip Code
afgnaples@yAhoo.com
E-mail andress: (to be desert for future abilitial report notification)
For further information concerning this matter, please call:
Antonio J. Garcea at (239) 692-4862 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{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 OF

Quality Cu (Name of the Dimited Lia (A Flo	t Land Scaping chility Company as it now appears on our orida Limited Liability Company)	LLC.
The Articles of Organization for this Limited Liabilit		2 /2011 and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.1"
Enter new principal offices address, if applicable:		VISION SEES
(Principal office address MUST BE A STREET AL	DDRESS)	<u> </u>
		-1 , , , , , ,
Enter new mailing address, if applicable:		- <u>* </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	*U \
B. If amending the registered agent and/or registered agent and/or the new registered office a		cords, enter the name of the new
Name of New Registered Agent:	2.0.03	
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zip Code

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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Olga Rodriguez	5375 Hunter Blud	
)	5375 Hunter Blud Naples, FL 34116	, <u>^</u> □ Remove
			□ Remove
			Remove DIVISION OF CA
			_□ Remove.
		·····	Add
			Remove
			 □ Add
			_□ Remove

If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or file	d date and cannot be more than 90 days after
the date this document is filed by the Elorida Department of State) Dated June 12 2014	
Hendured a member or author	ized representative of a member
Tene Jan	CKR 2

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF THE CANADA