## L110000022458

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## **COVER LETTER**

	Registration S Division of Co							
elib iec	Bravo Lan	dscape LLC		ï				
SUBJECT: Name of Limited Liability Company								
The enclo	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please re	turn all corresp	ondence concerning this matter	to the following:					
		Larry Neely						
			Name of Person	ı				
		Bravo Landscape LLC						
			Firm/Company					
		PO Box 2491						
			Address					
		Land O Lakes, Fl. 34639						
		W-1076.	City/State and Zip C	lode	``		Ø	
		larry@bravolandscape.com			·	202	1111	
For furthe	er information o	e-mail address: ( concerning this matter, please c	to be used for future an all:	nual report notification	on) .	2021 1:AY 20	:]	
Larry Ne	ely		813 at (	943-9733		20 A	77	
	Name o	of Person	Area Code	Daytime Tele	ephone Number	11: 24	J	
Enclosed	is a check for t	he following amount:				<u>-</u>		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy)	у	\$60.00 Filin Certificate Certified C (additional co	of Status & opy		
_	Mailing Addres	<del></del>		et Address: istration Section	1			
Division of Corporations			Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bravo Landscape LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  onlity Company)		<del></del>
The Articles of Organization for this Limited Liability Company we	ere filed on <u>04/27/21</u>	and	assigned
Florida document number L11000022458			Ţ.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
NA			
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
<u>-</u>			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		7021	
_		<u> </u>	·
		20	****
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, enter the n	ame of the	new register
and or the new registered office address acre.			フ
Name of New Registered Agent:	/	24	
	NA		
New Registered Office Address:	Enter Florida street address	<del></del>	
	, Florida		
	City	Zip Co	de

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brian Caplinger	23628 Oakside Blvd	□Add
		Lutz, Fl 33559	≡ Remove
			□Change
<del></del>			□Add
			Change
	<del></del>		□Add
			☐Remove HAY 20 ☐Change
12.22.PT-20.12			≥ □ Add 7 = 2
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cord specifies a del	ayed effective date	e, but not a	ın effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th	day after 1
s filed.			202	/ .				
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ed <u>May</u>			In	5	entative of a m			<del></del>