## LII 000 121364

(Re	questor's Name)	
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## COVER LETTER

IO: Registration Se Division of Cor		-	
subject: <u>Ear</u>	Hiscapes Des	Sign Build,	LLC'
The enclosed Articles of .	Amendment and (be(s) are sub	muted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael	Seria Name of Person	
		Pes Design B Firm Company	
	P.O. BOX	8669 Address	
	Fleming	City/State and Zip Code  2r HIS Capes. ea	32006
	mike a e	arths capes. ea	irth
	incorning this matter, please or		efication)
Mi Chael	Seria	at ( 90 4 ) 738	3 - 6448
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25 00 Fiting Fee	□ \$30.00) Filing Fee & Certificate of Status	☐ \$55 (0) Firing Fee & Certified Copy (administratively is enclosed)	S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	==	Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Earthscapes Design Build, LL C
(Name of the Limited Liability Company as it now appears on our records.)

( अ. महामुख्य ।	randed respinity Combany)				
The Articles of Organization for this Limited Liability Co. Florida document number <u>LII 00012 13</u>	ompany were filed on <u>1</u>	0   24   2011	_ and assi	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limit	led Liability Company," the des	signation "LLC" or the abbr	eviation "L L	<del></del>	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)			····	
Enter new mailing address, if applicable:  **Mailing address MAY BE A POST OFFICE BOX**  B. If amending the registered agent and/or registered agent and or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:		•	2621 JUL 30 AM 10: 565	registered	
	enter Florid	Enter Florida street address			
	City	, Florida	Zij) Code		
New Registered Agent's Signature, if changing Registered			ZIJI COIR		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co-accept the obligations of my position as registered age	mplete performance of n	ny duties, and I am far	niliar with	h and	

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 Type of Action Title Name Address 2264 Links Dr. Jadd
Fleming Island, Flande MGR Shelby Serig 32003 Millio 52 □Remove \_\_\_\_\_ ∐Remove

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		date of filing: a be specific and a	annot be prior to	date of filing or r	nore than 90 days	<b>optional)</b> cafter filing ) P	ursuant to 605 0
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