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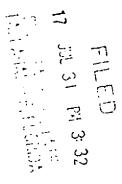
| (Requestor's Name) |
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| (Address) |
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| (Business Entity Name) |
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COVER LETTER

| TO: Registration S Division of Co | | 1 | |
|--------------------------------------|---|---|---|
| SUBJECT: | Total (a. Name of Lim | ited Liability Company | agement LLC |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Co | My Maryn | |
| | Tota | Landscape 1 | tronszaral |
| | 5 Ryk | en lane, Coost Fi | 32164 |
| | Hm2 65 | City/State and Zip Code Olive. Com to be used for future annual report notification | n) |
| For further information | concerning this matter, please c | all: | |
| Nimm | Ma Chn of Person | at 386) Y37-] Area Code Daytime Telep | phone Number |
| Enclosed is a check for | the following amount: | | بي د ت ت د |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee; - Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ING ADDRESS: | STREET/COURIER A | DDRESS: |
| | tration Section on of Corporations | Registration Section Division of Corporations | ; |
| P.O. I | Box 6327 hassee, FL 32314 | Clifton Building 2661 Executive Center C | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Landscape Management, LCC
(Name of the Limited Liability Company) is now appears on our records.)

| (Name of the Limited Liability Compan (A Florida Limited L | iability Company) | , |
|--|--|---|
| The Articles of Organization for this Limited Liability Company of Florida document number | were filed on 9/18/2012 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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 off registered agent and/or the new registered office address here | | er the name of the new |
| Name of New Registered Agent: | | - |
| New Registered Office Address: | Enter Florida street address , Florida | 第 50 元 日 7 日 |
| | City | کن Zîp Code |
| New Registered Agent's Signature, if changing Registered Agent: | | 2 |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I an rovided for in Chapter 605, F.S. O | n familiar with and r, if this document is |

| | Authorized Person(s) authorized to ma | anage, enter the title, name, and address of each | person being added |
|-----------------------|---------------------------------------|---|--------------------|
| MGR = Ma AMBR = Au | nager thorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| ficeMg1. | Victoria Martin | 5 Ryken lane | Add |
| | | Palm Coost, Fr 32/64 | Remove |
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| . If amending any other information, enter chang | e(s) here: (Attach | additional sheets | , if necessary.) | |
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| Effective date, if other than the date of filing: | 1/28/17 | | _ (optional) | |
| (If an effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet t | ot be prior to date of f | lling or more than 90 c | lays after filing.) Pu | |
| document's effective date on the Department of State's | s records. | 1 | <u>-</u> ; | |
| the record specifies a delayed effective date, | but not an effe | ective time, at 1 | .2:01 a.m. on | the earlier of: |
|) The 90th day after the record is filed. | | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - دی - |
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| Signature of a month | er or authorized repre | sentative of a member | r | |
| ~\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | · · · · · · · · · · · · · · · · · · · | • A Committee of a monthly | | |
| | d or printed name of | <u>त्र ७५८</u> ९ | | |

Page 3 of 3

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