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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

NOV 18 2013

D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ___Landscaper.org, LLC___
<div align="center">Name of Limited Liability Company</div>

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<div align="center">

Frank Cerasoli
Name of Person

Landscaper.org,LLC
Firm/Company

115 Timberlachen Cr., Ste 2001
Address

Lake Mary FL 32746
City/State and Zip Code

frankc@snoopit.com
E-mail address: (to be used for future annual report notification)

</div>

For further information concerning this matter, please call:

Frank Cerasoli at (**407**) **222-3700**

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee ☐$30.00 Filing Fee & ☐$55.00 Filing Fee & ☐$60.00 Filing Fee,
             Certificate of Status Certified Copy Certificate of Status &
                      (additional copy is enclosed) Certified Copy
                              (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Landscaper.org, LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/03/2013 _____ and assigned

Florida document number L13000001511 _____ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with the words "Limited Liability 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 office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

    <u>Name of New Registered Agent</u>:   _____

    <u>New Registered Office Address</u>:   _____

                                                  Enter Florida street address

                       _____ **, Florida** _____

                                  City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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 608, 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, <u>Signature of New Registered Agent</u>

Page 1 of 3

If amending the Managers or Managing Members on our records, **enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**
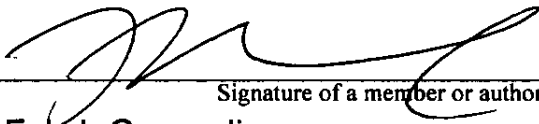
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	CCM Finance,LLC	7025 CR 46A	☐ Add
		Suite 1071-308	☑ Remove
		Lake Mary FL 32746	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

Dated **November 12** , **2013** .

_____
Signature of a member or authorized representative of a member

Frank Cerasoli
_____
Typed or printed name of signee

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Filing Fee: $25.00