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TO: Registration Section

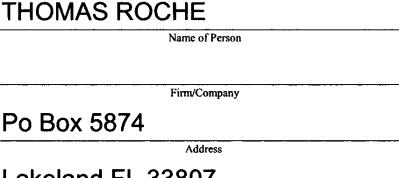
Division of Corporations

Roche Group, 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:



Lakeland,FL 33807

City/State and Zip Code

rochet@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS ROCHE

863 529-5340

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
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

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(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 Liab	ility Company	were filed on <u>02/01/20</u>	ond assigned	
Florida document number L13000018156	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company here:		
Lost World Landscapes, LLC				
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2719 DEERBRO	OK DR	
(Principal office address MUST BE A STREET ADDRESS)		LAKELAND, FL	33811	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 5874		
		LAKELAND, FL	33807	
B. If amending the registered agent and/or	rogistored off	ica address on our rac	ords onter the name of the nav	
registered agent and/or the new registered office			ords, enter the name of the nev	
Name of New Registered Agent:	ABIGAIL F	ROCHE		
New Registered Office Address:	2719 DEE	RBROOK DR		
		Enter Flor	rida street address	
	LAKELAN	D	_, Florida 33811	
		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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGRM	THOMAS ROCHE	2719 DEERBROOK DR	✓ Add
		LAKELAND, FL 33811	Remove
			Add
			#c.J
		THE SECTION OF THE SE	Remove 23
		—————————————————————————————————————	Add
		(PKI)	Remove
		·····	Add
			Remove
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			Remove
			Add
			Remove

). If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
 	
JULY 23	2013
Abburgo	DO)
Signature	e of a member or authorized representative of a member
ABIGIAL ROCHE	
	Typed or printed name of signee

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Filing Fee: \$25.00

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