13000052251

(Reque	stor's Name)	
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(City/Si	tate/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp		,	·
SUBJECT:	Diversified vege Name of Limit	tation Control 11C ed Liability Company	<u>, </u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		Dylan Jansch	
	_ Diversified	5 He Develop	<u>ment</u>
	12080	Du Barry Avenue Address	
	port cha	City/State and Zip Code	
	dSd11C13 (E-mail address: (to	O Vahoo. Com o be used for future annual report notification	on)
For further information co	oncerning this matter, please ca	all:	
Kim Joname of	205Ch Person	at (<u>870)</u> 353 - 880 Area Code & Daytime Te	OS Jephone Number
Enclosed is a check for th	e 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

FILED

ARTICLES OF ORGANIZATION 2019 APR 19 PM 12: 07 **OF**

SECRETARY OF STATE

		TALLAHASSE	E, FLORIDA
Diversified Vegetation (Name of the Limited Liability Comp (A Florida Limited	any as it now appears	on our records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Compar	ıy were filed on	19/2013	and assigned
Florida document number <u>L 13000052251</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:	}	
Diversified Site De	velooment /	10	
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			 -
T		<u> </u>	
Enter new mailing address, if applicable:	<i>N/A</i>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street ad	dress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>		Address	Type of Action
	N/A	•		Add
	,			Remove
		-		Add
				Remove
		-		Add
				Remove
	ख्या - गूर्व		•	
		-		Add
				Remove
				Add
		•		Remove
		_		Add
	·			Remove

If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
` , .	
ed April 16th	<u> </u>
Τ	\mathcal{P}
	fruit Smyd
	Signature of a member or authorized representative of a member
	Dylan Jansch
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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