K13000151239

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COVER LETTER

	gistration Sec vision of Corp						
SUBJECT:		SCAPE, LLC					
SUBJECT		Name of Lim	ted Liability Company				
		Amendment and fee(s) are submodence concerning this matter	·				
		PETER L BONNEAU CPA	Α				
			Name of Person	<u> </u>			
		BONNEAU ACCOUNTIN	SG SERVICES		2		
Firm/Company					22		
1015 W INDIANTOWN ROAD STE 202					AUG 31		
			Address		<u>~</u> :		
		JUPITER FLORIDA 3345	8		22 AUG 31 PH 1		
		PETER@BONNEAUCPA.			1: 55		
		E-mail address: ()	to be used for future annual report notific	ation)			
For further	information co	oncerning this matter, please ca	all;				
PETER L	BONNEAU C	PA	561 747-0160				
	Name of	'Person		Felephone Number			
Enclosed is	a check for th	ne following amount:					
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is end	us &		
	ailing Addres		Street Address:	ion			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMJ LANDSCAPE, 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 $_{\perp}^{10/28/2013}$ and assigned Florida document number _L13000151239 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PALM BEACH OUTDOOR DESIGN GROUP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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.

City

_, Florida __

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
		-	□Remove
			□Change
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fective date, if other than the date must neffective date is listed, the date must ote: If the date inserted in this block cument's effective date on the Department.	ck does not meet the :	applicable statutor	ng or more than 90 days ry filing requirements	after filing.) Pursuant to s. this date will not be	605.020 listed a
ecord specifies a delayed effective is filed.	date, but not an effec	rtive time, at 12:0	l a.m. on the earlier o	of: (b) The 90th day a	fter the
AUGUST 23	2022				
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Filing Fee: \$25.00