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COVER LETTER

TO: * Registration Section Division of Corporations
SUBJECT: Greenflex Landscaping UC 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:
Jessica Durch Name of Person
Greenflex Landscaping, UC
PO BOX 1478 Address
Burnell, FL 32110 City/State and Zip Code
Jessica O green flex landscaping. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Duran at (386) 2010 - 9899 Name of Person at (386) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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**

Name of the Limited L	iability Company as it now appears on clorida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabil Florida document number 14000 167	ity Company were filed on		and assi	gned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ation "LLC" or the abbrevia	ation "L.I	C."
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)	ŽΩ	<u> </u>	
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Enter new mailing address, if applicable:		<u>`````</u>		4
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		童	1
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B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the	name (of the nev
Name of New Registered Agent:				
	· · · · · · · · · · · · · · · · · · ·	- 11 12.1		
New Registered Office Address:	Enter Florida st	reet address		
-	City	, Florida 	p Code	
New Registered Agent's Signature, if changing Regis	stered 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
MAR	Jessica Duran	63 Heron Drive	🗆 Add		
		Palm Coast, FL 32137	™ Remove		
			☐ Change		
			🗆 Add		
			☐ Remove		
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Note:	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	Pursuant to 605 will not be liste	.0207 (3)(ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the earlie	er of:
Dated _	May 25, 2017		
	Signature of a member or authorized representative of a member		
	Jessica Duran		

Page 3 of 3

Filing Fee: \$25.00