L14000030019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

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TALLAHASSEE, FLORIDA

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LANDSCAPE SOLUTIONS LLC

Certificate of Status	0
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MAR - 6 2014

T. BROWN

H14000054523

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDSCAPE SOLUTIONS 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:

ALBERT COUCELO
Name of Person

LEGACY FINANCIAL PARTNERS LLC
Firm/Company

1818 S. AUSTRALIAN AVE., SUITE 202
Address

WEST PALM BEACH, FL 33409
City/State and Zip Code

ALBERT@LFPFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J. COUCELO at (561) 683-3000
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)

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H140000545123

FILED
14 MAR -5 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LANDSCAPE SOLUTIONS 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 02/21/2014 and assigned Florida document number L14000030019.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LANDSCAPING SOLUTIONS LLC

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)

1208 MANGO DR
WEST PALM BEACH, 33415

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1208 MANGO DR
WEST PALM BEACH, FL 33415

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

_____, Florida _____
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	David	1208 MANGO DR. West Palm Beach FL 33415	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 24, 2014

Signature of a member or authorized representative of a member

LUIS ROJO

Typed or printed name of signee

Filing Fee: $25.00

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