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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
TAMAHASSEE, FL

SECRETARY OF STATE TALLAHASSEE. FL

COVER LETTER

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TO:

TO: Registration Sec Division of Corp			
SUBJECT: LIVING	J Colour Lancis Name of Lim	ROPES : LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	_ Elouise B	OHA Name of Person	
	Living Colo	ur Landscapes Firm/Company	
	10126 West	evn Way Address	
	Lake Worth	1. FL 334103 City/State and Zip Code	
	Elovise Olchv E-mail address: (1	S. COM By By Han Co	ication)
For further information co	ncerning this matter, please ca	ill:	
Elouise Botha Name of	Person	at (<u>SUI</u>) <u>507 - Q</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
≨ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6323		The Centre of T	
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scapes, LLC	_ <u>-</u>
ny <u>as it rlow appears on our records.</u>) iability Company)	
were filed on 0 (c/23/2014	and assigned
lity company here:	
ity Company," the designation "LLC" or the ab	breviation "L.L.C."
	<u> </u>
	SEC
ddress on our records, enter the nam	ALL SEP e of the new registe
	AMI RY OF
	AHII: 02 OF STAT SSEE, FL
Enter Florida street address	
Planta.	
City . F Iorida	Zip Code
	Florida

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being autoor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Devon Grobber	7031 Ventura Court	\$\sqrt{Add}
		Parkland, FL 33067	□Remove
			□ Change
		-	□Adđ
			□Remove
		·	□Change
			🗀 Add
			□Remove
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			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change
			□Add
			□Remov
			[]Chanc

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<del></del>
,	
,	
(If an ef Note:	ive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	September 14th 2002.
	Signature of a member or authorized representative of a member
	Elavisa Ratina.
	Typed or printed name of signee

TOTAL EL CONTROL