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Olim lucer	Caymus Ho	oldings, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Shira Lieblein		
			Name of Person	<u></u>
		Lawn & Landscaping Plus	:	
			Firm/Company	<u> </u>
		4211 NW 43rd Street		
			Address	
		Coconut Creek, FL 33073		
			City/State and Zip Code	
		sales@lawnandlandscaping		
			to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ea	atl:	
Shira Lieble	in		954 573-0303	
Name of Person			at () Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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 radditional 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

Caymus Holdings, 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 ^{08/14/2014} and assigned Florida document number $\frac{1.14000127695}{1.14000127695}$ This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 5 (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 Cin

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.

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 Title <u>Name</u> Address Type of Action Lieblein, Marc 4211 NW 43rd Street MGR □ Add Coconut Creek, FL 33073 _≣ Remove _□ Change ☐ Remove ____ D Change \square Add □ Remove ☐ Change \square Add ☐ Remove □ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ian effi <u>Kote:</u>	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated .	06/01/2019
	Signature of a member or authorized representative of a member
	Shira Lieblein
	Typed or printed name of signee

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Filing Fee: \$25.00