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### **COVER LETTER**

Division of Co			
A & W SO SUBJECT:	DD, IRRIGATION, LANDSCA	APING LLC	
5000E1	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARCOS ORONA		
		Name of Person	
	A & W SOD IRRIGATIO	N, LANDSCAPING LLC	
		Firm/Company	
	800 OLD MOUNT DORA	A RD	
		Address	
	EUSTIS, FL 32726		
	OLSONINS@YAHOO.CC	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
MARCOS ORONA		11/352 LEG9-	1534
Name o	of Person	at (352) LEG — Daytime	Telephone Number
Enclosed is a check for t	he 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
MAII	INC ADINDERS.	STDCET/COUDIN	CD ABBRESS.

#### 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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

A & W SOD, IRRIGATION, LANDSCAPII		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 11/21/2014	and assigned
Florida document number L14000180968	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
ORONA TRANSFORMATIONS LLC		<b>A</b> 3
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "1.1.C" or	
Enter new principal offices address, if applicable:		<b>7</b> 700
(Principal office address MUST BE A STREET ADDR	RESS)	27
		<b>3</b>
Enter new mailing address, if applicable:		<b>2 3 3 3 3 3 3 3 3 3 3</b>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
		Zio Code

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
MGR	MARCOS ORONA JR	800 OLD MOUNT DORA RD	<b></b> Add
		EUSTIS, FL 32726	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
	***		
			Remove
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fective date, if other than the d in effective date is listed, the date must b	be specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 de statutory filing requires	(optional) ) days after filing.) Pursuant nents, this date will not b	to 605,01 e listed	207 (3)( as the
cument's effective date on the Dep					
cument's effective date on the Dep	effective date, but not and is filed.	an effective time, at	12:01 a.m. on the 6	earlier	of:
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Filing Fee: \$25.00