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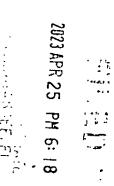
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CEL LandScape and Lighting 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:
Frank Relly Jr.  Name of Person  C & L Landscape, and Lighting LLL  Firm/Company  Address
City/State and Zip Code  Frank a Cland S Cape Lighting. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Reilly at 941 23-6253 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & Land Scape (Name of the Limited Liability Compan (A Florida Limited Li	and lighting //C
The Articles of Organization for this Limited Liability Company violated document number <u>L. 15000085</u> 63	1000 Glad on 5/14/2015 and anniand
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability is now name must be distinguishable and contain the words "Limited Liability".	antina ILC
Enter new principal offices address, if applicable:	2023
Principal office address MUST BE A STREET ADDRESS)	AP 30
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	25 PH 135
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	we date, if other than the date of filing: 43333 (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	I 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 ed.
Dated_	april 23. 2023.
	Signature of a member or authorized sepresentative of a member
	Frank Relly Jr. Typed or printed name of signee
	Typed or printed name of signee