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COVER LETTER

TO:	Registration Sec Division of Corp		in the second se	
SUBJI	ECT: Think	Careen Landscu Name of Lin	nited Liability Company	LC.
The en	closed Articles of A	amendment and fee(s) are sul	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Carey Morri	Name of Person	
		Think Careen	Firm/Company	ent, LLC
		Hel w. Banch	Address	
		Palatha, FL 3	2177 City/State and Zip Code	
		Sawarassos Pmail address:	(to be-used for future annual report noti	fication)
For fur	ther information co	ncerning this matter, please c	all:	
Name of Person		at (386) 983-2085 Area Code Daytime Telephone Number		
Enclose	ed is a check for the	following amount:		
□ \$25	5.00 Filing Fee	Z\\$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)

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

Think Green Landscape (Name of the Limited Liability (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	ompany were filed on <u>Sona 1</u>	0, 2015 and assigned
Florida document number <u>L15000101577</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	die -
		31)
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		man had promised to the second of the second
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	diteass
	Lines From the Street at	
	City	, 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 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 **Type of Action Address Title** Name □ Add □ Remove ☐ Change □ Add □ Remove Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements	
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	after filing.) Pursuant to 605.020 , this date will not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m. on the earlier o
ated	
Phi-	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00