L150001168271

(Red	questor's Name)	
(Add	dress)	
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(A.1		··
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to f	Filing Officer:	
J. HORNE		
		17)
	JUN 1 4 207	LL
		,

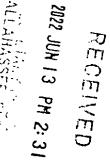
Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		<u> </u>	
TROPICAL LANDS	SCAPE SERVI	ICES, LLC	
			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	06/12/22		UCC 1 or 3 File
	$-\frac{06/13/22}{5}$		UCC Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	TROPIC	CAL LANDSCAPE	SERVICES, LLC	
	Name of Lim	sited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ATH	ENA E. STEINB	rella	
	ϵ	Name of Person PGANIC SOLUTION Firm/Company	OUS	
		Firm/Company		
	1050 SE DARLING ST.			
		Address		
	SN	City/State and Zip Code	997	
	ATHEN	IA @ ORGANIC SOL	VITONILLI. CON	
	t:-mail address: (to be used for future annual report non-	ncation)	
For further information co	oncerning this matter, please ca	ail:		
ATHENA	E STEINITERE	at (<u>172</u>) 203 - Area Code Daytimo	0910	
Name of	Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for th	e following amount:			
		☐ \$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	r:	Street Address:		
Registration S		Registration Sec	ction	
Division of Co	orporations	Division of Cor		
P.O. Box 632	7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2022 JUN 13 AH 9: 07

	SECRETAL SECRETAL AM 9: 0
TROPICAL LAN	IDSCAPE SERVICESTILLEDY OF SIL
	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000116827</u> .	1/1/2010
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lix	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	800 NW FOLK KD
(Principal office address MUST BE A STREET ADDRESS)	5-5 STURET, FL 34994
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. 60x 1117 PORT SALERNO, FL 34492
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip 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 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 Address Type of Action Title Name MGF HOWARD STEINBERG 392 SWTAHOE COURT FREMOVE _____ []Change MGR DANIEL STEINBERG 800 NW FOLK ED 5-5 SAND _____ □Remove _____ Change _____ Change _____ 🗀 Add

______ Change

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n effec i <mark>te:</mark> T	e date, if other than the date of filing: 5/27/2022 (optional) tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.
cord	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 figure of the first of th
ted _	6/1 2022

Filing Fee: \$25.00

COVER LETTER

TO: Registration Division of C			
SUBJECT:	TROPIC	CAL LANDSCAPE SEA	EVICES, LLC
3000201.	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ATH	ENA E. STEINBERG	43
	6	ENA E. STEINBERG Name of Person PLGANIC SOLUTIONS Firm/Company	
		SE DARLING ST. Address	
	ATHEN E-mail address: (City/State and Zip Code (A © ORGANIC SOLVITO to be used for future annual report notification)	MCLS. COM
For further information	concerning this matter, please c	all:	
MEN	A E STEIN FACE	at (172) 263 - 091. Area Code Davime Telepho	O ne Number
Hame	or residen	The control of the co	,
Enclosed is a check for	the following amount:		
23 S25.00 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)
Mailing Addr		Street Address:	
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporation	ns
		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314