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COVER LETTER ,

Division of	Corporations		
CORNI SUBJECT:	ERSTONE LANDSCAPE SOLU	JTIONS LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	JB ROTH		
		Name of Person	
	ROTH LAW FIRM		
		Firm/Company	
	6100 GREENLAND RD	., STE. 604	
		Address	
	JACKSONVILLE, FL 32	258	
	JB@ROTHLAWFIRM.NE	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	on concerning this matter, please c	all:	
JB ROTH		904 595-7900	
Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or the 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)
	H Nig a Barraga		

MAILING ADDRESS:

TO:

Registration Section

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

CORNERSTONE LANDSCAPE SOLUTIONS 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 $\frac{01/11/16}{1}$ and assigned Florida document number L16000007371 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CORNERSTONE ELITE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.1.C," Enter new principal offices address, if applicable: (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

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.

City

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>	<u>Name</u>	Address	Type of Action
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(If an ef	ive date, if other than the date of filing: (optional certive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	ng.) Pürsuai	nt to 605.0	207 (3
Note: docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this daent's effective date on the Department of State's records.	ite will not	t be listed	as the
the re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	n. on the	earlier	of:
	90th day after the record is filed.			
	JULY 6 2018			
Dated	JULY 6 2018 .			
	Signature of a member or authorized representative of a member			
	[]			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00