L16000030420

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone) #)
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FER 17 2016 J. HARRIS

COVER LETTER

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TO:	Registration Se Division of Cor				
CHD		DSCAPING, LLC			
Name of Limited Liability Company					
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	e return all correspo	ondence concerning this matter	to the following:		
		KENNETH S. GLUCKMA	AN		
			Name of Person		
		GENERAL COUNSEL A	DVISORS, P.A.		
		***************************************	Firm/Company		
		1079 W. MORSE BLVD,	SUITE C		
		 	Address		
		WINTER PARK, FLORIE	DA 32789		
			City/State and Zip Code		
		kathy@businessge.com			
			to be used for future annual report notifi	cation)	
For fi	urther information c	oncerning this matter, please co	all:		
Kath	y Seng		407 956-1000 at ()		
	Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclo	osed is a check for the	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)	

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

Ace Landscaping, LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability	Company were filed on February 12, 2016	and assigned	
Florida document number L16000030420	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
ACE LANDSCAPE SERVICES, LLC			
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)		
		ಶ್ಯ 🍱	
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or regi	Second and the second second	^ in 20+	
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	t.mer r toriaa street aaaress		
	,	orida	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
·			☐ Change
			□ Remove
			Change
			Add
			□ Remove
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E. Effect	ive date, if other than the date of filing: (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	i al) ling.) Pursuant to 60.	5.0207 (3)(1
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this d	late will not be list	ted as the
uocui	nent's effective date on the Department of State's records.		
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.i	m on the earli	er of:
	e 90th day after the record is filed.	ii. On the earn	er or.
Dated	,,		
	Signature of a member or authorized representative of a member		
	organise of a monoci of authorized representative of a monoci	SEC 16 F	
	Typed or printed name of signee	13.5 G	ATT DANS
	Page 3 of 3	7 3: FI.01	
	Filing Fee: \$25.00	: 35 ATE NRIDA	~ -17*