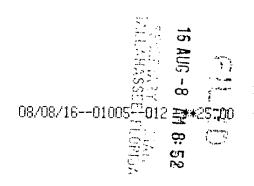
116000066150

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
| (Document Number) |
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| ٤. | РНОТОСОРУ | |
|] | CUS | |
| £ | FILING | AMENDMENT |
| I | LLC | LANDSCAPING, IRRIGATION & PEST CONTROL, |
| (| CORPORATE NAME AND DOCUM | MENT #) |
| (| CORPORATE NAME AND DOCUM | MENT #) |
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| | | MENT #) |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | | | | | |
|---|--------------------------------------|--|-------------------------|-----------------|---------------|
| The Articles of Organization for this Limited Liability Company v L16000066150 Florida document number | | | and | d assig | ned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here | ; ; | | | |
| Edible Expressions, LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the desi | gnation "LLC" or the | abbreviatio | n "L.L.C | C." |
| Enter new principal offices address, if applicable: | <u></u> | | | | |
| (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | ur records, <u>ente</u> | Chechal Port | 16 AUG -8 AH 65 | the new |
| | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | City | , Florida _ | Zip C | `ode | ~ |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of m ovided for in Cha | y duties, and I am apter 605, F.S. Oi | familiar , if this a | with a | and ent is |

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> | Name | Address | Type of Action | |
| | -10 | | □ Add | |
| | | | Remove | |
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|). If amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------------------|---|
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| Note: If the | te, if other than the date of filing: |
| the record so) The 90th | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed. |
| Dated | August 3, 2016 |
| _ | Signature of a member or authorized representative of a member Christopher B. Guastella |
| _ | Typed or printed name of signee |

Page 3 of 3

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