## 116000091699

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## **COVER LETTER**

	Registration Se Division of Cor	porations				
CHD ICA	Sitex Land,					
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Dina Sotomayor				
			Name of Person			
		Sitex Land, LLC				
			Firm/Company			
		7643 Gate Parkway, Suite	104-127			
			Address			
		Jacksonville, FL 32256				
	City/State and Zip Code					
		dina@sitexlandscape.com	to be used for future annual report notif	Scation)		
For first	ar information c	oncerning this matter, please c	·	ication)		
		oncerning this matter, prease c				
Dina Sot			941 468-6267 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed	l is a check for th	ne following amount:				
<b>■</b> \$25.0	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		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations				

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sitex Land, 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 05/10/2016 and assigned Florida document number L16000091699 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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: Dina Sotomayor Name of New Registered Agent: 7643 Gate Parkway, Suite 104-127 New Registered Office Address: Enter Florida street address Jacksonville City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sitex Landscape Holdings LLC	5321 Shark Drive	
		Bradenton, FL 34208	■Remove
			□ Change
MGR Mark Bodkin	Mark Bodkin	7643 Gate Parkway, Suite 104-127	■Add
		Jacksonville, Fl. 32256	🗆 Remove
			Change
			□Add
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to lock does not meet the applica	o date of filing or more than 90 day	
e record specifies a delayed effectived is filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated	2021	·	
- My	$\mathcal{O}_{\mathcal{O}}$		
——// <del>*</del> ——	Signature of a member or author	ized representative of a member	
MG Orender			
	Typed or printed	d name of signee	

Filing Fee: \$25.00