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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT.	FROUNT	D PRESERVE /	'ANDSCAPE CONTRAC	TOAS 61.C
SUBJECT.	7 1 0 0 70	Name of Lim	IANDSCAPE CONTRAC	· · · · · · · · · · · · · · · · · · ·
The enclosed Arti	icles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all c	correspond	ence concerning this matter	to the following:	
		ALAN DAV	Name of Person	
			Name of Person	
		GROUND PRE	SERVE LANDSCAPE Firm/Company	CONTRACTORS, LLC
			Firm/Company	
		3400 5. 01	RANGE BLOSSOM TRA	ALL STER
			RANGE BLOSSOM TRA Address	<u>,, , , , , , , , , , , , , , , , , , ,</u>
		00,0,00	1 37829	
		OICLANDO, I	City/State and Zip Code	
	_	GROUNDPRES.	SAVEOFFICE & GNOTO to be used for future annual report notifications.	IAIL.COM
			·	ication)
For further inform	nation cond	erning this matter, please ca	all:	
ALA	U DA	V150N	at ( <u>4</u> 07) 670 Area Code Daytime	-5362
	Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a chec	ck for the f	ollowing amount:		
□ \$25.00 Filing	, Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING Registratio	G ADDRESS: on Section	STREET/COURIE Registration Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nume of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	18 W(V 29 )
The new name must be distinguishable and contain the words "Limited Liabilit	ity Company," the designation "LLC" or the abbreviation "I	LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		7. J
	- N	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del>:</del>
	<u></u>	·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		<u>of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	City Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	JOHN BENCON	3400 S. ORANGE 820550M FRAIL, STE B ORLANDO, ML 32839	<b>A</b> Add
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(If an effective date Note: If the dat document's effe	if other than the date of its listed, the date must be species inserted in this block does certive date on the Department	cific and cannot be pries not meet the applent of State's record	icable statutory fi ls.	more than 90 days at ling requirements, t	his date will n	ot be liste	ed a
	ecifies a delayed effec ay after the record is		ot an effective	e time, at 12:01	l a.m. on th	ie earlie	er o
	EMBER 26	. 2018	<u>r</u> .				
Dated							

Page 3 of 3

Filing Fee: \$25.00