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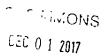
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A b 50 lute Land scaping FL LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clifty, chartopher Name of Person
Absolute Landscaping FLLLC Firm/Company
3412 Devon5hire Dr.
Holiday)FL 34691 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Clitty at (717) 304-7275 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Absulute Land scapin	ng FL LLC
(Name of the Limited Liability Comban (A Florida Limited Li	y si it now appears on our records.) ability Company)
(Name of the Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for the Organization for	were filed on
Florida document number <u>L 160001217</u> 43	P
This amendment is submitted to amend the following:	lity company here:
A. If amending name, <u>enter the new name of the limited liabil</u>	ان ان lity company here:
The new name must be distinguishable and contain the words Limited Liability	
Enter new principal offices address, if applicable:	3412 Devonshire Dr
(Principal office address MUST BE A STREET ADDRESS)	Holiday, FL 3469)
Enter new mailing address, if applicable:	3412 Devonstice Dr.
(Mailing address MAY BE A POST OFFICE BOX)	Holizay PL 34691
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
Name of New Registered Agent: (5ame) Clit	
New Registered Office Address: 3412	Devoshice Dr. Enter Florida street address
401120	Florida 34 Cal
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 Anthorized 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	·	
Title	<u>Name</u>	Address	Type of Action
MER	Clitty, Alyca	21177 Us Highway 19	N HAdd
		97 1607 Palm Harbor,	Remove
		FL 34684	⊞Change
MGR/C	EO CLITTY, CHRIST	OPHEC	D \$Add
		3412 Devonshire D	remove
		16 liday, FL 34 CO	<u>↓</u> □Change
			<u></u> ₩Add
			E Change
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			ERemove i
			E)Change (2)
			⊡Add
			[E]Change
			[ii]Add
			ERemove
			le Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
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E. Effective date, if other than the date of filing: 1/28/17 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(l listed as the	h)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eab). The 90th day after the record is filed.	rlier of:	
Dated		
Signature of a member or authorized representative of a member Show to he could be the country of signee	-	
Shartopher Clitty Typed or printed name of signee	-	

Page 3 of 3

Filing Fee: \$25.00