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## **COVER LETTER**

то:	Registration Sec Division of Corp					
enn ir	Skindog La	wn Maintenance				
SUBJE	CT:	Name of Limi	ted Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please r	eturn all correspoi	ndence concerning this matter t	to the following:			
		Shaun Skinner				
		_	Name of Person	<del>-</del>		
		Skindog Lawn Maintenance	e, LLC			
			Firm/Company			
		17816 83rd Place North	,			
		Address				
		Loxahatchee, FL 33470		•		
			City/State and Zip Code			
		Shaun@vividlandscapedesig		<u></u>		
		E-mail address: (to	o be used for future annual report-notific	cation)		
For furt	her information co	oncerning this matter, please ca	11:			
Shaun :	Skinner :		561 596-8648 at ()			
Name of Person			Area Code Daytime	Telephone Number		
	•					
Enclose	d is a check for th	e following amount:				
□ <b>\$</b> 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

(Name of the Limited Liability Co		
(74 Fiorities Comp	mpany as it now appears on our recor ted Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 07/07/2016	and assigned
Florida document number L16000128855		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
Vivid Landscape & Design, LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		ds, enter the name of the nev
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addr	ess
		ess Florida Zip Code
	City , F	lorida

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this ument's effective date on the	the date of filing:  must be specific and cannot be prior s block does not meet the applica e Department of State's records.  yed effective date, but no	able statutory filing requ	irements, this date v	will not be listed
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Page 3 of 3

Filing Fee: \$25.00