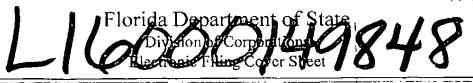
TO:18506176383 FROM:5619650938

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGACY TAX, INC. Account Number : I20120000069 : (561)683-3000 Phone : (561)965-0938 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LEGACYTAX CORPS @ GMAIL. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOMES & GARDENS, LLC.

		<u> </u>	<u>بيان بيا كياما ين في دري.</u>
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Corporate Filing Menu

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TO:18506176383 FROM:5619650938

COVER LETTER

TO:		stration Section of Corp							
SUB IE	cor.	HOMES & C	GARDENS, LLC.	•••					
SUBJE	C1:	Name of Limited Liability Company							
The enc	losed	Articles of A	Amendment and fee(s) are subtr	sitted for filing.					
Please r	etum	all correspon	idence concerning this matter to	o the following:					
			ARNALDO J COUCELO						
				Name of Person					
			LEGACY TAX, INC.						
				Firm/Company	-				
			1818 S AUSTRALIAN AV	ENUE, SUITE 202					
				Address					
			WEST PALM BEACH, FL	. 33409					
				City/State and Zip Code					
			LEGACYTAXCORPS@GM	MAIL.COM o be used for future annual report notifie	untion)				
				•	anon				
For fur	ther i	nformation co	oncerning this matter, please ca						
ARNA	ALDO) COUCELO	0	at () 683-3000 Area Code Daytime					
		Name of	f Person	Area Code Daytime	Telephone Number				
Enclos	ed is	a check for th	ne following amount:						
₩ \$2	5.00	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)				
			ING ADDRESS:	STREET/COURIE Registration Section					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:18506176383 FROM:5619650938

H1700031812934

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOMES & GAR	RDENS, LLC.		
(Name of the Limit	ed Liability Compa: (A Florida Limited L	ny as it now appears (liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L16000149848</u>	08/10/2016	and assigned		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>r</u> :	
N/A				
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the des	signation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:		N/A		P. 1
(Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>			<u>م</u> م
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o	ffice address on re:	our records, enter	r the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flori	ida street address	
			, Florida _	7:- 12- 1.
		City '1		Zip 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

Page 1 of 3

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11:58 AM PST

TO:18506176383 FROM:5619650938

MITOVO PASPE 15

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
MGR	ARNALDO J COUCELO	1818 S AUSTRALIAN AVENUE	
		SUITE 202	■ Remove
		WEST PALM BEACH, FL 33409	Change
MGR	CESAR MONTANO	1818 S AUSTRALIAN AVENUE	
		SUITE 202	□ Remove
	•	WEST PALM BEACH, FL 33409	Change
		·	
			☐ Add ☐ ☐ Remove?
			Change 3
	_		Change
			☐ Remove
			☐ Change
		: 	
			Remove
			Change
<u></u>			□ ∧dd
			Remove
		_	□ Change

1/27/2017	11:58 AM PST	TO:18506176383	FROM:5619650938	HIT UUD Page UIX 6
		n, enter change(s) here: (And	ach additional sheets, if necessa	ry.)
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(If an effe Note:	If the date inserted in this block	e specific and cannot be prior to date	(options of tiling or more than 90 days after tiling atutory filing requirements, this day	ing.) Pursuant to 605.0207 (3)(b)
If the rec (b) The	ord specifies a delayed of 90th day after the recor	effective date, but not an order of the filed.	effective time, at 12:01.a.n	m, on the earlier of:
Dated	NOVEMBER 27	2017	_	
		ignature of a member or authorized	sepresentative of a member	
	ARNALDO J COUCELO			
		Typed or printed nam	ne of signers	

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Filing Fee: \$25.00