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T. MATTHEWS FEB - 1 2022

COVER LETTER

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alib ir ov		ee Landscape, LLC		• • • • • • • • • • • • • • • • • • •
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Veronica Anderson, Esq.		
			Name of Person	
		Anderson and Associates,	P.A.	
			Firm/Company	
		225 N. French Avenue		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		veronica@consultlawoffice		
For further i	information co	e-mail address: (to be used for future annual report notif all:	ication)
Veronica A	nderson	-	407 843-9901	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	c following amount:		
■ \$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
	ailing Address		Street Address:	
	egistration S vision of Co		Registration Sec Division of Corp	
	O. Box 632		The Centre of T	
Ta	Hahaccee F	T 32314	2415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Right Choice Landscape, LLC

22 . 11 Ch. FB12: 25

(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 L	iability Company	were filed on $\frac{09/1}{}$	4/2016 and assigned
Florida document number L16000174067	.		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2250 Patterson A	venue
Principal office address MUST BE A STREI		Orlando, FL 3281	1
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 618299 Orlando, FL 3286	
3. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:	9	address on our rec	cords, <u>enter the name of the new register</u>
Name of New Registered Agent.	2050 P		
New Registered Office Address:	2250 Patterson		la street address
_	Orlando	12.1.2.	, Florida
			*/**

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
			□Add
			Remove
			□Change
			□Add
			□Remove
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