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COVER LETTER

TO: Registration 5 Division of Co			
FORT LA	AUDERDALE LANDSCAPE C	OMPANY, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	DANIEL GERARD SQU	ILLACE	
		Name of Person	
	FORT LAUDERDALE L	ANSCAPE COMPANY, LLC	
		Firm/Company	
	1725 NE 4TH AVENUE		
		Address	· · · · · · · · · · · · · · · · · · ·
	FORT LAUDERDALE, F	1. 33305	
		City/State and Zip Code	
	RHPROFSOL@GMAIL.C		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
	-		
DANIEL GERARD SO		561 400-2100 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the 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)
Mailing Addr		Street Address:	ection
Registratior Division of	Corporations	Registration S Division of Co	
P.O. Box 63		The Centre of	•
Tallahassee	, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORT LAUDERDALE LANDSCAPE COMPANY, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L16000232446}{L16000232446}$.	any were filed on 12/27/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FORT LAUDERDALE LANDSCAPING COMPANY, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		024 T/A
		AUG
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)		SSC -0 11
		me on
		F24 0
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	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 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
			□Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□Add
			□ Change
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change

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<u>Note</u>	tive date, if other than the date of filing:
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	AUGUST 23RD 2024
	Signature of a member or authorized representative of a member
	DANIEL GERARI SOULLACE
	DANIEL GERARI SQUILLACE Typed or printed name of signee

• • •

Filing Fee: \$25.00