## 217000013270

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LEB 22 2017 J. HARRIS

## **COVER LETTER**

	on Section f Corporations	
SUBJECT:	Clan attz Landscape LLC  Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	David Weinberg Name of Person	
	Clean cotte Landscape LLC Firm/Company	
	901 SW 103 Ave Address	
	City/State and Zip Code  Wein berg 83 6 Johan . com  E-mail address: (to be used for future annual report notification)	
For further inform	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:	
David 1	lame of Person at (954) 465-0457 Area Code Daytime Telephone Number	
Enclosed is a chec	for the following amount:	
\$25.00 Filing	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	ı

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

Clean cuttz Landscap (Name of the Limited Liability (A Florida	על בי ty Company as it now appears on our record Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability C Florida document number <u>L17000013270</u>	company were filed on 1, 25, 20	and assigned
this amendment is submitted to amend the following:  L. If amending name, enter the new name of the limited liability company here:  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  cater new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  The address MAY BE A POST OFFICE BOX  The address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		
A. If amending name, enter the new name of the limi	ited liability company here:	
-	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDR	(ESS)	
	-	<del></del> .
Enter new mailing address, if applicable:		7. FEB.
•		<u>~ 327</u>
Mannig undress MAT BE AT OST OFFICE BOX		3 90
		THE STATE OF THE S
		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	·
	, FI	orida Zip Code
	<del>-</del>	*

## 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 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 **Title Address Type of Action** <u>Name</u> David Weinberg MGR 901 SW 133 AVC Davic FL 33325 PAdd ☐ Remove ☐ Change 13231 SW 9 St Dwie, FL 33325 D Add AMBR chad w Walton ☐ Remove \_□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Change □ Atti ☐ Remove

☐ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: docur	tive date, if other than the date of filing: 25/2017 (optional) fective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	ted as the
Dated	2/16/2017 Feb 16 , 2017 .	
	Signature of a member or authorized representative of a member	Total
		1000 1000 1000 1000 1000 1000 1000 100
	David Welsberg Typed or printed name of signee	FILE( ARY O
	Page 3 of 3	F.STA

Filing Fee: \$25.00