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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: BLACKLEDGER ENTITY MANAGEMENT LLC Account Name

Account Number : I20150000089 : (305)444-8800 Phone : (305)444-4010 Fax Number

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

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101

HABITAT LANDSCAPE CONSULTING LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.47000045179	were filed on 03/01/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ifny Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	690 SW 1st Ct. Unit 2701		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130		
Enter new mailing address, if applicable:	690 SW 1st Ct. Unit 2701		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nam	ne of the new registered	
New Registered Office Address:			
New Registered Vince Address.	Enter Florida street address	11.	
	. Florida		
	City	Zip Code 19	
New Registered Agent's Signature, if changing Registered Agent:		ري · · ا الم	

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

Title	<u>Name</u>	Address	Type of Action
MGR	HOLLIS NOYES, BENJAMIN	690 SW 1st Ct. Unit 2701	
		Mianu, Fl. 33130	□Remove
			🗀 Add
		7-441-4-4-4-	□ Remove
			□Change
			□Add
			ClRemove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Remove
			□Change

If amending any other informati	on, enter change(s) here: (A	ttach additional sheets, if necessary.)	

			<u></u>
		1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815 - 1815	
			
			
Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be prior to our tek does not meet the applicable :	(optional) e of filing or more than 90 days after filing.) I statutory filing requirements, this date w	Pursuant to 605,0207 (3) ill not be listed as the
ne record specifies a delayed effective ord is filed.	date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated November 11			
Bozan	H Noyen		
	Signature of a member or authorized	representative of a member	
HOLLIS NOYES, BENJ	AMIN		
- · · · · · · · · · · · · · · · · · · ·	Typed or printed nar	me of signee	