L170000 53250

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/30/17--01030--008 \$25.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00 \$3.00

OCT 3 1 2017 J. HARRIS

COVER LETTER

| TO: Registration Sec Division of Corp | | | | | | |
|--|---|---|--|--|--|--|
| | . AMERICAN LANDSCAPIN | §G LLC. | | | | |
| SUBJECT: | Name of Lim | nted Liability Company | | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | | |
| | MYLES PERRONE | | | | | |
| | | Name of Person | | | | |
| | | Firm/Company | | | | |
| | | | | | | |
| | Address | | | | | |
| | CORAL SPRINGS, FL. 3. | 3071 | | | | |
| | | City/State and Zip Code | | | | |
| | MYLESPERRONE@YAII | | | | | |
| | h-mait address; (| to be used for future annual report notifi | cation) | | | |
| For further information co | oncerning this matter, please ca | all: | | | | |
| MYLES PERRONE | | 954 682-9589 | | | | |
| Name of Person | | at () Area Code Daytime | Telephone Number | | | |
| Enclosed is a check for th | ne 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 ADDRESS:

TO:

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

| A & M ALL AMERICAN LANDSCAPIN | | |
|--|--|-------------------|
| (<u>Name of the Limited Lial</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability lorida document number $\frac{L17000053250}{L17000053250}$ | | and assigned |
| This amendment is submitted to amend the following | | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| he new name must be distinguishable and contain the words "I | limited Liability Company," the designation "LLC" or the ab- | oreviation T.JC." |
| Inter new principal offices address, if applicable: | | 9. |
| Principal office address MUST BE A STREET AD | DRESS) | · · · · · |
| | | |
| | | n njo |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or re egistered agent and/or the new registered office a | | the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | , Florida | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------------|----------------|
| MGR | MYLES N. PERRONE | 8541 NW 20TH COURT | |
| | | CORAL SPRINGS, FL 33071 | ■ Remove |
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| E. Effective | date, if other than the date is listed, the date mu | e date of fi | iling: | | | (optio | nal) | |
| (II an effective Note: If it | te date is listed, the date mu he date inserted in this b | ist be specific dook door n | and cannot be p | rior to date of fili | ng or more that | i 90 days after : | filing.) Pursua dota will w | ant to 605,0 |
| | s effective date on the I | | | | y ming requi | rements, this | date win no | or ne usice |
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| f the record | specifies a delaye | d effectiv | ∕e date, but | not an effec | tive time, | at 12:01 a | .m. on th | e earliei |
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Page 3 of 3

Filing Fee: \$25.00