# 117000083756

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MAY 1 0 2017 S. YOUNG TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section Division of Corporations	<i>#</i>
SUBJECT: CEO LondScaping LLC  Name of Limited Liability Company	; 
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Harmon Name of Person	<del></del>
CEO LandScaping UC	1 7 SECONO
_ 588 Lisa Karen Circ	e E STATE
Apopka, fl 32712 City/State and Zip Code	<b>74 1.</b> 3
E-mail address: (to be used for future annual report notification)	<u>com</u>
For further information concerning this matter, please call:	, F
Michael Harmon at (321) 370-77  Name of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:	,
□ \$25.00 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: 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

Name of the Limited Liability	Company assist ow appears on our record mited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000083756</u> .  This amendment is submitted to amend the following:	npany were filed on 4113117	
A. If amending name, enter the new name of the limited	d liability company here:	٠
	ERUICES, LI	<u> </u>
The new name must be distinguishable and contain the words "Limited	l Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA NA	79
(Principal office address MUST BE A STREET ADDRES	<u> </u>	7 5
		19 SEE OF
Enter new mailing address, if applicable:	<u> </u>	7
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres  Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:	NA	
	Enter Florida street address	<b>S</b>
<del></del>	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered A	·	Lip come
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactent the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I fur plete performance of my duties, an at as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
Ī	\)A- f Changing Registered Agent, <u>Signature o</u>	f New Registered Agent

Page 1 of 3

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
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· •	ve date, if other than the date of filing: 5/3/17 (optional)	32
ın effe	ective 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.	5.0207 (3)(
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ed as the
ецт	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli- 90th day after the record is filed.	er or:
ated .	May 3 2017	
neu ,	, 201	
	O .	
	Michael Harney	
	May 3, 2017  Michael Harner  Typed or printed name of signes	

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Filing Fee: \$25.00