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MAY 1 0 2017 S. YOUNG SECRETARY OF STATE TALL AHASSEE FLORIDA

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
M&R LAN	IDSCAPING AND MORE LLO		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL DOWNS		
		Name of Person	
		Firm/Company	
	4675 JUNIPER LANE		TALLES EN
		Address	
	PALM BEACH GARDEN	IS, FL, 33418	ication)
		City/State and Zip Code	P
	DOWNS0426@YAHOO.C	OM to be used for future annual report notif	ري رين ناري
For further information of	encerning this matter, please co		ication)
MICHAEL DOWNS	71	561 312-5762	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n [']
	assee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

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

Florida document number L17000090946 This amendment is submitted to amend the following: A. 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the submitted liability company here:	M&R LANDSCAPING AND MORE LLC		
Florida document number L17000090946 This amendment is submitted to amend the following: A. 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the submitted to the submitted liability company here:	(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company))
A. 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the state o		npany were filed on $\frac{4/20/2017}{}$	and assigned
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the state of the stat	This amendment is submitted to amend the following:		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the state	A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the second of the seco	The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the second of the seco	Enter new principal offices address, if applicable:		20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the second of the seco	(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	• • •		HASSEE FLORE
Name of New Registered Agent:	Name of New Registered Agent:		
New Registered Office Address:	New Registered Office Address:		
Enter Florida street address		Enter Florida street address	
, Florida	 -	, , , , , , , , , , , , , , , , , , ,	
City Zip Code		City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL D DOWNS	4675 JUNIPER LANE	■ Add
		PALM BEACH GARDENS FL 33-	□ Remove
			Change
SIGNER	ROSE DOWNS	4675 JUNIPER LANE	■ Add
		PALM BEACH GARDENS FL 33-	□ Remove
			Change
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			Change,
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ective date, if other	than the date of filing	04/20/2017		(optional)	
n effective date is listed, the	he date must be specific and	cannot be prior to d	ate of filing or more th	an 90 days after filing.) Purs uirements, this date will	suant to 605.0207 (3
cument's effective date	e on the Department of S	tate's records.	s statutory minig req		not be fisted as ti
record specifies a	delayed effective d the record is filed.	late, but not a	n effective time	, at 12:01 a.m. on t	he earlier of:
lhe Qiith day after	l l		~		
the 90th day after)		
05/02/2017	<i>[]</i>	. / [.			
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05/02/2017	Signature		d representative of a	- member	

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Filing Fee: \$25.00