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# COVER LETTER

TO:	Registration Se Division of Cor		. •	<i>*</i> '
(21112.15		GARDENS TREE & LANDSO	CAPE SERVICE LLC	
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JAMES W RIGSBY		
			Name of Person	
			Firm/Company	
		2663 4TH AVE SE		
			Address	
		NAPLES, FL 34117		
		WRIGSBY71@HOTMAIL	City/State and Zip Code	
		-	to be used for future annual report	notification)
For furt	her information c	oncerning this matter, please c	all:	
JAMES	S W RIGSBY		386 697-1623	
<del></del>	Name o	f Person	Area Code Day	rtime Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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: Registration Section Division of Corporations P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MARVIN GARDENS TREE & LANDSCAPE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>06/30/2017</u>	and assigned	
Florida document number L17000128542			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here:		
MARVIN GARDENS FARM AND TREE SERVICE			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2663 4TH AVENUE SE		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34117		
Enter new mailing address, if applicable:	2663 4TH AVENUE SE	F.J.	
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34117	,	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registe	
		(D)	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
11-11-11-11-11-11-11-11-11-11-11-11-11-	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del> </del>	□Remove
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