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COVER LETTER

	Gomez 1	Cropenscapes L	LC
SUBJECT:	Name of Lit	nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Samatha Carranco Name of Person Gomez Greenscape UC Fina/Company 5001 Janes Jr Address Winnuma FLorda 33598 City/State and Zip Code Carrancos I m/scaping @ gmail. Com Bennal address to be used for future annual report notification) formation concerning this matter, please call: Name of Person at (813) Area Code Daytime Telephone Number check for the following amount: thing Fee Status Certified Copy randinanal copy is enclosed) Street Address: interest on Section Registration Section		
		Name of Person	
	(some	z Greenscaper UC	
	5001	Janes Dr	
	Wimuema	Florida 33598	
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For further informa			
Sanaa	the Comme	m 812 407-	1310
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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gomez G	reenscapes LLC bility Company as it now appears on our	records.)
(Name of the Limited List (A Flor	rida Limited Liability Company)	ecorus
The Articles of Organization for this Limited Liability Florida document number <u>L 1700019</u> 893°		26/2017 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AD	DRESS)	
		A C 202
Enter new mailing address, if applicable:		APR 2
,,		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		99 99
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, ee:	enter the name of the few registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	Cny	Zıp 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 = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
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ffective date, if other than the date of filing: 'an effective date is fisted, the date must be specific and cannot be prior to date of filing stote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) filing requirements, this date) Pursuant to 60 will not be lis	
record specifies a delayed effective date, but not an effective time, at 12:01 a d is filed.	.m. on the earlier of: (b) The	e 90th day aft	er the
Dated 21st of April 2020.	-		
Signature of a member of authorized representa	ative of a member		

Filing Fee: \$25.00