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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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HAY 21 2009 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Landscoping Advisors 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:
Troy H Preciado Name of Person
I Sea Sales inew name) Firm/Company
6309 NW 71st are Tamwar FL 33331
Tanacac FL 33321 City/State and Zip Code Tsec Scool & Goncol Com
E-mail address: (to be used for Quire annual report notification)
For further information concerning this matter, please call:
Troy Prociedo at (209) 814.4460 Name of Person at (209) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Umited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4700201420	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
I sca Sales LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	6309 NW 715+ aug. 23
(Principal office address MUST BE A STREET ADDRESS)	Tamarac FL 33321=
Enter new mailing address, if applicable:	6309 NW 7154 aver 17:
Mailing address MAY BE A POST OFFICE BOX)	Tamarac FL 333210000
	6 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cny 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	- N/A	·	Add
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record specif	ies a delayed effective of after the record is filed.	date, but not an effectiv	ve time, at 12:01 a.m	. on the earlier
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he 90th day		member of futhorized representations of Signer Typed or printed name of signer to the		· · ·

Filing Fee: \$25.00