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SECRETARY OF STATE
TALLAMASSEE, FL

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
JUAN MA	TEOS LAWN SERVICE LLC				
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:			
	JUAN MATEO				
		Name of Person			
	JUAN MATEOS LAWN S	SERVICE LLC			
		Firm/Company		 -	
	490 EVANS ROAD				
		Address			
	LABELLE, FL 33935				
		City/State and Zip Code			
	<u>Attractive</u> E-mail address: (land Scaping 69 to be used for future annual report notifi	mail. C	<u>o</u> m	
For further information c	oncerning this matter, please c	all:			
JUAN MATEO		863 673-4146			
Name of Person		at ()	Telephone Nun	nber	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif) Filing Fee, ficate of Status & Ted Copy onal copy is enclosed)	
Mailing Addres Registration 5		Street Address: Registration Sec	ction	2023 SEC TA	
Division of C	Corporations	Division of Cor		2023 HAR SECRET	* 12"
P.O. Box 6327		The Centre of T	allahassee	三三	

2415 N. Monroe Street, Suite 8405
Tallahassee Fl 32303

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUAN MATEOS LAWN SERVICE LLC

(Name of the Limited Liability Compa (A Florida Limited l	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000211395	were filed on OCTOBER 12, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
ATTRACTIVE LANDSCAPING LLC	
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:	1280 ALLEN ST
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33916
Enter new mailing address, if applicable:	1280 ALLEN ST
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33916
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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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			□Remove
		-	□Change
			□Add
			□Remove
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Effective date, if	other than the date o	f filing:	0.01	(opti	onal)		
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the record specifies a	a delayed effective date. I	but not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b) The 901	th day af	ter th
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