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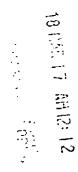
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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

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Suncoa DBJECT:	ast Cleanup Rescue LLC			
	Name of Limited Liability Company			
he enclosed Article	es of Amendment and fee(s) are submitted for filing.			
lease return all corr	respondence concerning this matter to the following:			
	Mitchel Guertler			
	Name of Person			
	Firm/Company	Firm/Company		
	11480 nw 27th et.			
	Address			
	Planation, FL 33323			
	City/State and Zip Code mitchelguertler@gmail.com	,		
	E-mail address: (to be used for future annual report notification)			
or further informati	ion concerning this matter, please call:			
ditchel Guertler	954 295-4220			
Na.	at () une of Person Area Code Daytime Telepho	ne Numbe:		

□ \$55,00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS:

□ So0.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Cleanup Rescue LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{4.47000212504}{1.47000212504}$ .	were filed on $\frac{10/13/17}{}$	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:	
Suncoast Landscaping & Lawn LLC		
he 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:		
Principal office address MUST BE A STREET ADDRESS)		
		*
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. 3
		~
<ol> <li>If amending the registered agent and/or registered o egistered agent and/or the new registered office address her</li> </ol>		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	Zin Code
	1 1/1°	Zir 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 titlé, name, and address of each person\_being added or removed from our records:

. MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JACQUELINE GUERTLER	11480 NW 27TH CT.	■ Add
		PLANTATION, FL 33323	☐ Remove
			☐ Change
MGR	MGR NATASHA LOPEZ	11480 NW 27TH CT.	■ Add
		PLANTATION, FL 33323	☐ Remove
			☐ Change
		•	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			□ Remove
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			D Remove
			Change

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tive date, if other than the o	late of filing: 3/15/2018	(optional)
meen to the is made into obte most	the specific and cannot be prior to done or man	g or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
	partment of State's records.	
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acord enecifies a delayed	offactive data, but not an offact	tive time, at 12:01 a.m. on the earlier
e 90th day after the reco		ave time, at 12.01 a.m. on the camer
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MARCH 15TH	2018	
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mann	The state of the s	
/////	ignature of a member or authorized represer	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00