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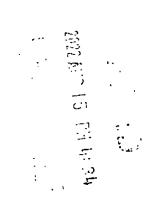
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Artesian Tree and Landscape, LLC SUBJECT: 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: Linda Bachmaier Name of Person Artesian Tree and Landscape, LLC Firm/Company 4900 International Ave Address Mims, FI 32754 City/State and Zip Code artesianpalms@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Linda Bachmaier Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Artesian Tree and Landscape, LLC		ر ،
(Name of the Limited Liabilit	v Company as it now appears on our records. Limited Liability Company)	) (1)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/16/2017	and assigned
	Simpany were fried on	and assigned
lorida document number L17000237529	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
Artesian Palms, LLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered	i office address on our records, <u>enter th</u>	he name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N B 1 100 11		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	хи) сош

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>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date must be ie: If the date inserted in this block	does not meet the ap	plicable statutory	g or more than 90 day: y filing requirement	s after filing.) rursuant i s, this date will not b	io 605.020 e listed a
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