L17000257720

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of StatusV
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SECREDARY OF STATE

COVER LETTER

Division of Cor			
SUBJECT: 10t0	Property Name of Lim	non tenang company van	and idscaping II, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KOlbie (Name of Person	
	Vict pre	Sident Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1820 N GDI	denvod Rd 8	70 104
	<u>Cylandi</u> <u>Krules</u> b	City/State and Zip Code On the Used for future annual report not be used for future	itification)
For further information c	oncerning this matter, please co	·	incation
KOIbIC (Person	at (321) 412 Area Code Daytin	ne Telephone Number
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	☐ \$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on ou	LANGS CA f r records.)	ung II,
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000257720</u> .	10 11	8/17	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevia	tion "L.I.,C."
Enter new principal offices address, if applicable:			· -
(Principal office address MUST BE A STREET ADDRESS)		SS SS	2019
			<u> </u>
			7,2113
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		r i rig ra _{zra}	
			2
		LLI,	o
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, <u>enter the r</u>	name of the ne
Name of New Registered Agent:	, <u></u>		
New Registered Office Address:			
-	Enter Florida stree	t address	
	,- <u> </u>	Florida	
	City	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>	<u>Name</u>	Address	Type of Action
AMBR	melissa Jordan	1820 N GOLDENTON Rd SIE104 OLLANDO FI 32807	/Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
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			🗖 Add
			☐ Remove
			Change
			Add
		Remove	
			Change
			□ Add
			Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an early Note:	tive date, if other than the date of filing:
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	April 15th 2019
	Signature of a member or authorized representative of a member
	KOIDIE CLITES, JP Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00