K180000000541

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(Address)	
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(Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor				
	n and Landscape, LLC.			
SUBJECT:	Name of Limi	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	endence concerning this matter t	o the following:		
	Ryan Stoddrad			
		Name of Person		
	Honest Lawn and Landscap	e, LLC.		
		Firm/Company		
	1580 Royal Road			
		Address		
	Venice, Florida 34293			
		City/State and Zip Code		
	ryan@honestlandscapes.com			
	E-mail address: (1	to be used for future annual rep	port notification)	
For further information of	concerning this matter, please ca	all:		
Ryan Stoddard		941 400-9 at ()	9768	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of States (additional copy is e	atus &
Mailing Addre		<u>Street Add</u> Registrat	<u>Iress:</u> ion Section	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassec		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Honest Lawn and Landscape, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/02/2018 and assigned Florida document number _____L18000000541 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Honest Landscapes, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1580 Royal Road, Venice Florida 34293 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1580 Royal Road, Venice Florida 34293 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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:

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			Remove
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			□Remove
			∏("hanga

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated 04/25/2022 . 2022. Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
PYAN STODARD Typed or printed name of signee

Filing Fee: \$25.00