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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply Safe Land Scapes, LLC 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:
Alexander Karantzalis Name of Person
The Law offices of A.K., Esq, PLLC
300 NE 30Th Place, Svite 306
Fort Landerdale FL 33306
City/State and Zip Code ALEXANDE AKESquire. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TUSTIN Odonnell 860 9HT at (716) 606 - 5063 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

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

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The Articles of Organization for this Limited Liability Company Florida document number	were filed on and as an and as an analysis and an analysis and as an analysis and an analysis analysis analysis and an analysis and an analysis and an analysis analysis and an analysis analysis and an analysis analysis analysis analysis and an analysis analysis analysis and an analysis
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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9545 SW 42ng 8t.
(Principal office address MUST BE A STREET ADDRESS)	Migmi, FL 33165
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	9545 SW 42nd 8t. Mirmi, PL 33165
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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>Address</u> **Type of Action Title** <u>Name</u> _□ Add □ Remove _□ Change _□ Add _□ Remove ☐ Change _ Add ☐ Remove _ Change _ Add _□ Remove _□ Change □ Add □ Remove _□ Change □ Add

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Filing Fee: \$25.00