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COVER LETTER

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Registration Section

TO:

Division of Corporations			
SUBJECT: Morel	Empire Landscape, LLC		
SUBJECT: Wigier	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	N	Iichael Morel	
		Name of Person	
	M	orel Empire Landscape, LLC Firm/Company	
		rimicompany	
	145	5 Jefferson Avenue Apt 411	
		Address	
	M	iami Beach, FL 33139	
		City/State and Zip Code	
		ounting@morelempire.com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
	nier Lopez	at (786) 800-8283	
Name o	f Person	Area Code Daytim	e 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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morel Empire L		
(Name of the Limited Liability Compa (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 <u>L18000091996</u> .	were filed on <u>04/11/2018</u>	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:	
Overland Landscape, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_1330 NW 22nd Street	01900
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33142	<u> </u>
		
		· PH
Enter new mailing address, if applicable:	N/A	क्र
(Mailing address MAY BE A POST OFFICE BOX)		+7
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: N/A	· ·	enter the name of the new
New Registered Office Address:	······································	
	Enter Florida street address	
	, Flori	
New Registered Agent's Signature, if changing Registered Agent:	City :	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furth performance of my duties, and p provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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
N/A	_N/A	N/A	
			Remove
			☐ Change
			П Rетюче
			☐ Change
			Add
		···	Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Remove
			☐ Change

Flective date, if other than the date of filing: 10/04/2019 (optional) 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 605.0207 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.		N/A
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Page 3 of 3

Filing Fee: \$25.00