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## **COVER LETTER**

TO: Registration 9 Division of Co				
SUBJECT:	J. E. E. Rivera Name of Limited Liability	Landsc Company	iaping, LLC	
The enclosed Articles of	of Amendment and fee(s) are submitted for fi	ing.		
Please return all corresp	pondence concerning this matter to the follow	ring:		
	Flida Ri Name	Vl ra of Person		
		Company		
	320 S. Auro	tra Dr.	<u>.                                      </u>	
	Apopka, F	lorida	32703	
	erivera 383 E-mail address: (to be used for	Ind Zip Code 117 @ YA future annual rep	Loo - Com port notification)	
For further information	n concerning this matter, please call:			
Elida	Rivera at (		9485501	
Name	e of Person A	ea Code	Daytime Telephone Sumber	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	Certificate of Status Certi	) Filing Fee & fied Copy onal copy is enclose	ed) S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	tus &

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

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

J & F R. VOCA	Landac, or	ing List B		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on o	our-records.)		
		20		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{P^{-1}(x)}{x}$	and assigned		
Florida document number <u>L 18000120910</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
	<del>.</del>			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
		<del></del>		
B. If amending the registered agent and/or registered office a	ddress on our record	Is, 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			
-	Cuy	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
		aire I Conthan around to something the		
I hereby accept the appointment as registered agent and agree				

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>	Name	Address	Type of Action
AMBR	Elida Rivera		□Add
		320 S. Aurora	a Dr. Apopka, Fl. Exemove 32703
			Change
			□Remove
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
		<del>- N</del> -	□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_ \_ (optional) (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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed.

Dated 7/24 . 2070 .

JOSE RIVERA

Signature of a member or authorized representative of a member

TOSE RIVERA

Typed or printed name of signee

Filing Fee: \$25.00