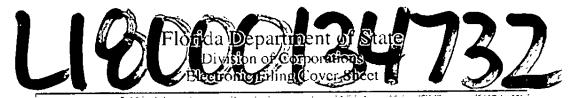
https://elife.sunbiz.org/scripts/efilcovr.exe



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(((H18000337698 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: NATALIE M. BURNS PL Account Name

Account Number : 120140000036 : (305)733-B223 Phone

: (561)450-5105 Fax Number

**Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please **

Email	Address:		
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H18000337698 3)))

ः 2

MOTHER BARTH LANDSCAPI			TALL	- 17
(Name of the Limite	A Florida Limited I	ny as it now appears on our records.) Liability Company)	N 2	ALEXANDA CONTRACTOR
The Articles of Organization for this Limited Lia Florida document number 1.18000134732	bility Company	were filed on 05/30/2018	andrassigned	
This amendment is submitted to amend the following	wing:		9: 45 5, FL	
A. If amending name, enter the new name of	the limited liab	ility company here:	• ′ •	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	B948 King's moor Lakeworth, FL.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0x)</u>	PO.BOX 16786 WPB.FL 33416	2	
B. If amending the registered agent and/o registered agent and/or the new registered off		·	the name of the ne	i A
Name of New Registered Agent:	DAVID S. I.O	we		
New Registered Office Address:	8948	Kng's moor way Enter Florida street address	Lakeworth 33	PL. 467
		City. , Florida	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

Page 1 of 3

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(((H18000337698 3)))

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
MGR	DEAN R. PAGNI	4822 PALO VERDE DR.	
		BOYNTON BEACH, FL 33436	■ Remove
			Change
AMBR	DAVID S. LOWE	8948 Kingsmoor way	/_≌ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			🗇 Remove
			Change
			D Add
			Pemove
			Change
			Add
			Remove
			D Change

(((H18000337698 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	رر((((((ا(ا(ا(ا(ا(ا))))))))))))
	
	
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E. 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.) Pursuan; to 605.0207 (3)(h)
if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
Dated November 17 2008.	
Signature of a member or authorized representative of a member	2018 NOV 27
DEAN R. PAGNI, MANAGER	0V 2
Typed or printed name of signee	
Page 3 of 3	M 9: 45 SSEE, FL
Filing Fee: \$25.00	는 15