



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NATALIE M. BURNS PL
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOTHER EARTH LANDSCAPING, LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
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2018 NOV 27 AM 9:45
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SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV 27 PM 4:47

NOV 26 2018
S. PRATHER

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

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MOTHER BARTH LANDSCAPING, 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 05/30/2018 and assignedFlorida document number 1.18000134732

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8948 Kingsmoor way
Lakeworth, FL. 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 16786
WPB. FL 33416

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:

DAVID S. LOWE

New Registered Office Address:

8948 Kingsmoor way Lakeworth FL.
33467

Enter Florida street address

_____, 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

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--------------------------|--|
| MGR | DEAN R. PAGNI | 4822 PALO VERDE DR. | <input type="checkbox"/> Add |
| | | BOYNTON BEACH, FL. 33436 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DAVID S. LOWE | 8948 Kingsmoor way | <input checked="" type="checkbox"/> Add |
| | | Lakewood, FL. 33461 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((1118000337698 3)))

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

November 17, 2018

Signature of a member or authorized agent

DEAN R. PAGNI, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FL

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