118000151249

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





300333410893

Amend

SEP 1 1 2019 I ALBRITTON

COVER LETTER

SUBJECT:	_	erything, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		William Voecks		
		Landscapeverything, LLC	Name of Person	·
		2096 Lake Dr	Firm/Company	
		Winter Park, FL, 32789	Address	
		landscapeverything@gmail.		
For further inf	formation co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report not	ification)
William Voec	ks Name o	f Person	407 2840745 at () Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fil	ling 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)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION OF

Landscapeverything, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06}{2}$	
Florida document number L18000151249	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "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: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	rida 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Jordan Gruskin	Address 3224 Walton RdApopka, FL 32703	Type of Action
AMBR			B Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
, 			□ Add
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			Change
			□ Remove
			□ Change
			Remove
			Change

Effective date, if other than the date of filing: (optional) (optional)		
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OS-30-2019 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. Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated August, 30 2019 Mallam Waww. Signature of a member or authorized representative of a member.		
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	August, 30	2019
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		Signature of a member or authorized representative of a member
	William Vanda	

Page 3 of 3

Filing Fee: \$25.00