# 118000/60010

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	HC LandScap Name of Limit	e and free Care	· LLC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Henn	J H C'Olon Name of Person	
	HHC	LandScape and- Firm/Company	tree care LLC
	46	EardScape and - Firm/Company  3 Gilman Circ Address	le orlando
		OMCNOLO, FL City/State and Zip Code	
	E-mail address: (to	be used for future annual rep	ort notification)
For further information con	cerning this matter, please cal	l:	
Henry Name of F	H COLON	at ( <u>386</u> ) <u>20</u> Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	D \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HE LandS Name of the Limited Lial	Scale and free care LLC ubility Company as it now appears on our records.)
(A Flor	orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 18000 16001</u>	
This amendment is submitted to amend the following:	y;
A. If amending name, enter the new name of the li	limited liability company here:
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
	S
	<b>ン</b>
Enter new mailing address, if applicable:	5 CO
(Mailing address MAY BE A POST OFFICE BOX)	
	5. 25.
	<b>60</b>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ag	egistered office address on our records, enter the name of the ne
registered agent and/or the new registered office at	duress nere:
Name of New Registered Agent:	
New Registered Office Address:	
The fire field of the fidules.	Enter Florida street address
_	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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Henry H Colon	463 Gilmancircle orlando.	<u>F</u> <b>⊠</b> ∧dd
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			Add
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lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an e <b>Note</b>	tive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne e	arlier of
Dated	9/22/18		
	McC.		_
	Signature of a member or authorized representative of a member  Henry H Color  Typed or printed name of signee		
	Henry 4 Color		

Page 3 of 3

Filing Fee: \$25.00