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FEB 1 6 2019 S. YOUNG LEAHASSEE, FLORIGA

COVER LETTER

	of Corporations	
A - I	otune Landscapes and construction IIc	
SUBJECT:	Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	David Walters	
	Name of Person Dewalters Construction IIc	
	Firm/Company	
	1410 tipton rd	
	Address Casselberry, FL 32707	
	City/State and Zip Code Dewaltersconstruction@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	nation concerning this matter, please call:	
David Walters	407 982-0780 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	ck for the following amount:	
■ \$25.00 Filing I	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \Bi	f Status & py

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**

Neptune Landscapes and construction lic		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000023010	were filed on 01/22/2019	and assigned
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 designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7.L. 11.A.S.S 8
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		70
		LO F.
	ve 11	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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

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

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>Address</u> Type of Action <u>Name</u> DESCHAINE, JONATHAN P 2815 PEEL AVE **AMBR** ORLANDO, FL 32806 □ Add ■ Remove __

Change __ 🗆 Add □ Remove __ Change _□ Add ☐ Remove _ Change □ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

□ Change

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te: If the date	other than the date of fi listed, the date must be specific inserted in this block does no we date on the Department	ot meet the applicable	date of filing or more that e statutory filing requ	(optional) n 90 days after filing.) Purs irements, this date will r	uant to 605.0207 not be listed as
	fies a delayed effective after the record is file		an effective time,	at 12:01 a.m. on t	he earlier of
ted 2/6	119	,			
	Signature of	of a member or authoriz	ted representative of a m	ember	
		Vi V WA			

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Filing Fee: \$25.00