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| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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2019 EXT 31 PH 3: 36

Amend

JUN 1 9 2019 I ALBRITTON

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Clean and Green Land Scape LLC |
| Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Brian Isrow, CPA |
| Name of Person |
| AX Prep LLC |
| 1 This Santany |
| 39 SW 10th Terraice |
| Address |
| Boca Raton FL 33486: City/State and Zip Code Support @ Boca TAX Prep. Com FE-mail address: (to be used for future annual report notification) |
| City/State and Zip Code Tay 0 - a C |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Brian T scall (PA 561 715-8181 |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Sign Sign Sign Sign Sign Sign Sign Sign |
| |
| 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

| Clean and Green La | indscape LLC | |
|---|---|-----------------------------|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our records d Liability Company) | |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L1900040913</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of the same name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new principal offices address, if applicable: | ny were filed on $\frac{2/11/2}{}$ | o 19 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| It's the same name - No C | change. | 2 |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "LLC" | or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | Same address | <u> </u> |
| (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 registered agent and/or the new registered office address h | office address on our records, ere: | enter the name of the nev |
| | <u> </u> | |
| Name of New Registered Agent: | J/A | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | 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

| M A | GR | Mana - Auth | iger orized Membei | . Antenor | | |
|--------|-------------|---|-----------------------|-------------------------|---------------------------------------|-------------|
| T | <u>itle</u> | | <u>Name</u> | Guerrier | Address | Type of Act |
| AM | BR | | Antonor | Guerrier | 550 NE 37th Strevet | Add |
| | | X | anteren | (Apprice A | Ap+ W | □ Remove |
| | | BR Antonor Guerrier **Antenor Guerrier** | · www. | Pompano Beach, FL 33064 | Change | |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein

or removed from our records:

| D. If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------------------------|---|
| | We are simply adding a second authorized person, |
| | who happens to be the owner. Antenor Guerrier. |
| _ | The ak is |
| - | Thank. you |
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| (If an eff <u>Note:</u> | ive date, if other than the date of filing: 3/31/2019 (optional) ective 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)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| If the rec (b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dariet | |
| Dated | |
| | Signature of a member or authorized representative of a member |
| | |
| | Brian Isrow |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00