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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALL AHASSEE, STORIOS



COVER LETTER

TO:

TO:	Registration Se Division of Cor		,	>			
	EPS LANDSCAPING & TREE SERVICE LLC						
SUBJE	C1:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		WILLIAM RICARD					
			Name of Person				
		EPS LANDSCAPING & T	REE SERVICE LLC				
			Firm/Company				
		1879 NW 141 ST AVENU	E				
			Address	 -			
		PEMBROKE PINES, FL 3	3028				
		into@eps E-mail address: (City/State and Zip Code CondScaping.net to be used for future annual report notification	on)			
For furt	her information co	oncerning this matter, please ca	all:				
WILLL	AM RICARD		305 562-5266				
	Name o	f Person		ephone Number			
Enclose	d is a check for th	ne following amount:					
■ \$25	.00 Filing 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: Registration Section			Street Address: Registration Section	า			
Division of Corporations			Division of Corpora				
	P.O. Box 632 Tallahassee, I		The Centre of Talla 2415 N. Monroe Str				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPS LANDSCAPING & TREE SERVICE 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 $\frac{03/07/2019}{1}$ and assigned Florida document number $\frac{1.19000065837}{1.19000065837}$ 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 "LLC." 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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	JESSICA RICARD	1879 NW 141 ST AVENUE	
		PEMBROKE PINES, FL 33028	■Remove
			□Change
MGR	GREG O'CONNELL	5601 CARRIAGE LANE	= Add
		DAVIE, FL 33331	□Remove
			□Change
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