L190000) 88988

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COVER LETTER

Div	ision of Corp	porations					
CHD IF/T.		NANAK'S LANDSCAPING, LLC					
SUBJECT:		Name of Limi	ted Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are subt	nitted for filing.				
Please returi	n all correspon	ndence concerning this matter t	to the following:				
		BRIAN R. KOPELOWITZ	, ESQUIRE				
			Name of Person				
		KOPELOWITZ OSTROW					
			Firm/Company				
		ONE WEST LAS OLAS B	LVD., SUITE 500				
			Address				
		FORT LAUDERDALE, FI	LORIDA 33301				
			City/State and Zip Code				
		kopelowitz@kolawyers.com E-mail address: ()	to be used for future annual report notil	ication)			
For further i	information co	oncerning this matter, please ca	all:				
Brian R. Ko	opelowitz.		954 525-4100 at ()				
	Name o	f Person	at () Area Code Daytimo	e Telephone Number			
Enclosed 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:

. . .

TO:

Registration Section

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

NANAK'S LANDSCAPING, 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 104/01/2019

Florida document number 119000088988

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."

If amending the registered agent and/or registered of	ldress o	n our	records,	enter t	he name	of the	e new

	City	Zip Code
	, F	lorida
New Registered Office Address:	Enter Florida street addre	
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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	KEVIN HUNT	998 S. Military Trail Deerfield Beach, FL 33442	
		<u></u>	Remove
			Change
MGR	MGR SHINTO LANDSCAPING, LLC	1428 Brickell Avenue, Stc. 402 Miami, FL 33133	
		☐ Remove	
			Change
AMBR ABDEL J. KARIM	998 S. Military Trail Deerfield Beach, FL 33442	Add	
		☐ Remove	
			Change
AMBR	TIFFANY TURNQUEST	998 S. Military Trail Deerfield Beach. FL 33442	Add
		<u></u>	Remove
			☐ Change
			Remove
		□ Change	
			□ Add
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an ef Note:	ive date, if other than the date of filing: [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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the determinant of State's records.
the red) 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.
Dated	September 20. 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00