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## **COVER LETTER**

TO: Registration Se Division of Cor				
	ERVICES, LLC	· · · · · · · · · · · · · · · · · · ·		
SUBJECT:	***************************************	•		
NOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOE NIZ			
		Name of Person	<u> </u>	
	EARTH SERVICES, LLC		,,	2
	·	Firm/Company		123 A
	3507 Lec	Blud, Suite 24		APR T
		Address	دوري	70 5
	Lenigh A	cres, FL 3397	1 20	is gar
	INFO@BLOSSOMINVES	City/State and Zip Code T.COM		25
	E-mail address: (	to be used for future annual report noti	lication)	
For further information c	oncerning this matter, please ca	aH:		
NATHALIE MONFISTO	N	203 650-1365		
Name o	f Person	Area Code Daytim	e Telephone Number	-
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:		
Registration Section		Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	-	
Tallahassee, FL 32314			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARTH SERVICES, LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our recording Limited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Florida document number	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	2021
CROWN PROPERTIES INVESTMENT GROUP, LLC		岩 碧 江
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	So P M
Principal office address MUST BE A STREET ADD	DRESS)	Thus No.
		Ph. 26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str <b>e</b> et addres.	•
<u> </u>		orida
	City	Zip Code

lew 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>	<u>Address</u>	Type of Action
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