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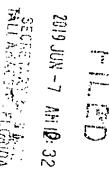
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Taylor Landscaping U.C. 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:	
Andrew Valentino Name of Person	_
Jaybe Landscaping IIC Firm/Company	
2727 Colonial Blud Apt 101	_
FOV+ MyRVS; FL 33907 City/State and Zip Code	_
Taybelandscaping a growing to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Andrew Valentino at (941) 201 9308 Name of Person Area Code Daytime Telephone Number	 per
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

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

Florida document number <u>L19000103850</u> 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 "L.L.C." 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 registered agent and/or the new registered office address here: Ancireus Valentino 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew Valentino	2727 Lolonial Bird Apri Fort Myers, FL 33907	r 10 x Add
AMBR	Micayla Ennis_	2727 Loionial Blud Apr Fort Myers, FL 33907	Change Change Add Remove
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Note: 1	we date, if other than the date of filing: 415 309 (optional) retive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlien 90th day after the record is filed.	of:
Dated _	June 5 , 2019 . Signature of a member or authorized representative of a member	
	Ancirew VCILENTINO Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00