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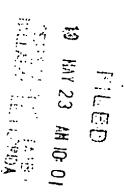
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations #						
CHD II		TS LANDSCAPE & DESIGN	LLC.					
SUBJECT: Name of Limited Liability Company								
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		SCOTT M. CARROLL &	VICTORIA E. CARROLL					
			Name of Person					
		4 ELEMENTS LANDSCA	PE & DESIGN, LL.C					
			Firm/Company					
		615 SOUTH LAKE AVEN	NUE					
			Address					
		GROVELAND, FL 34736						
			City/State and Zip Code					
		4elementslandscape@gmail E-mail address: ()	.com to be used for future annual report notifi	ication)				
For fur	ther information co	oncerning this matter, please ca	all:					
VICTORIA E. CARROLL		352 250-9378						
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclos	ed is a check for th	e following amount:						
□ \$2:	5.00 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:

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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

4 ELEMENTS LANDSCAPE & DESIGN, LLC.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on Liability Company)	our records.)
the Articles of Organization for this Limited Liability Company lorida document number $\frac{1.19000114610}{1.19000114610}$.	were filed on 04/26	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		75
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		27 5
. If amending the registered agent and/or registered of	fice address on our	
egistered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
	City	Zip Code

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 a or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	SCOTT CARROLL	615 SOUTH LAKE AVENUE GROVELAND, FL 34736	
			Remove
			Change
		615 SOUTH LAKE AVENUE	Change
AMBR	VICTORIA CARROLL	GROVELAND, FL 34736	■ Add
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Effective date, if other th	on the date of	C (**1)	/26/2019			(ont	onal)		
If an effective date is listed, the	date must be speci	itic and canno	ot be prior to	date of filing	or more than	90 days afte	onal) r filing.) Pu	ırsuant t	o 605,026
Note: If the date inserted in document's effective date o	n the Departme	s not meet tr nt of State's	re applicab records.	ie statutory	filing require	ements, thi	s date wil	I not b	e listed a
ne record specifies a d The 90th day after tl	elayed effect	tive date, filed	but not	an effecti	ve time, a	t 12:01	a.m. on	the e	arlier o
Dated MAY 21		201	19						
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- Colf	$\bigwedge \bigcup_{\text{Signatur}} \bigvee$	e of a member	er or authoris	zed represen	tative of a men	nber	_		_

Page 3 of 3

Filing Fee: \$25.00