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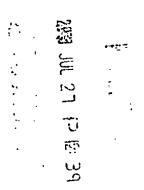
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Duamesa Chitty Marile)
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(Document Number)
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JUL 1 1 2019 T. LENGTEUX

#### COVER LETTER

Division of Corporat	ions	,	- 110
SUBJECT: MCCC	mbs Lawr	o 3 Landsco	aping LLC
	Name of Limite	d Liability Company	•
The enclosed Articles of Amen	dment and fee(s) are subm	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
	Tiffany	Gibbons Name of Person	
_		Firm/Company	
<u>'</u>	10851 SW	158th Ferv.	
_	Miami	FL 33/57 City/State and Zip Code	
_	E-mail address: (10	be used for future annual report notific	ut ation)
For further information concern	ning this matter, please call	:	
Name of Perso	ibbons	at ( <u>786</u> ) <u>486</u> - Area Code Daytime 1	- 6881 Telephone Number
Enclosed is a check for the foll	owing 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

## TO ARTICLES OF ORGANIZATION OF

M'Lombs Lawn	2 Landscapir	ng Lile
(Name of the Limited (A	Llability Company as it now appea Florida Limited Liability Company)	rs of our records.)  APH JUL 27 P E: 39
The Articles of Organization for this Limited Liab Florida document number <u>L1900133</u> (		05/17/2019 and assig
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
,		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		n our records, enter the name of :
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	City	Zip Code

#### 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of z
MGR	Tiffany Cribbons	10851 SW 158-14 Tarr	<b>C</b> Add
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			Change

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. Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli b) The 90th day after the record is filed.
Dated June 25 2019.
Signature of a member or authorized representative of a member
Tiffany Gibbons  Typed or printed name of signee

Page 3 of 3

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Filing Fee: \$25.00