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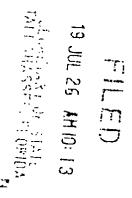
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•					
CHDIC	HEAVEN'S	S EDGE LANSCAPING, LLC						
SUBJE	CT:	Name of Lim	ited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ondence concerning this matter	to the following:					
		Victor Cartagena						
		<del></del>	Name of Person					
		HEAVEN'S EDGE LANS	CAPING, LLC					
	Firm/Company							
		37231 Tait Avenue						
			Address					
		Dade City, Fl. 33523						
		···	City/State and Zip Code					
		E-mail address: (	to be used for future annual report noti	lication)				
For furt	her information c	oncerning this matter, please ca	ill:					
Victor	Cartagena		at ( )					
	Name o	f Person	at () Area Code Daytimo	e Telephone Number				
Enclose	d is a check for the	ne following amount:						
<b>■ \$</b> 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)				
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVEN'S EDGE LANSCAPIN			
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on our red ited Liability Company)	cords.)
The Articles of Organization for this Limited in Florida document number L19000152539	Liability Comp	pany were filed on 06/07/2019	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
HEAVEN'S EDGE LANDSCAPING, LLC			
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 appli	icable:	N/A	p ∪
(Principal office address MUST BE A STRE	<u>ET ADDRES:</u>	<u> </u>	
			\$5 N
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			υ · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of New Paristered Appears			ords, enter the name of the
Name of New Registered Agent:		<del></del> -	
New Registered Office Address:		Enter Florida street aa	ldress
		<del></del>	, 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 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
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		6/7/2019					- F	{
Effective date, if other tha	n the date of fi	ling:			(option:	山遥至	<u>.</u>	*
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	Signature o	t a member of aut	horized representa	tive of a member				
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