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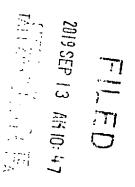
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Z-Scapes Name of Limi	around Service tell gliability Company	SLIC
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
·	Christop	her Jason Zee Name of Person	eK
	Z-5cay	Firm/Company	
	3028	Saratoga L	<u>Drive</u>
	Orland	do, FL 32806	2
	2 exc	do, FL 32804 City/State and Zip Code Sason Qyahoo. Co o be used for future annual report noufice	con ation)
For further information con	cerning this matter, please ca	11:	
Diane Name of P	Knight erson	at (407) 355-C Area Code Daytime T	2459 Celephone Number
Enclosed is a check for the	following 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:

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

L-Scape	<u> </u>	Services		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now app ida Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 85.	June 17, 201	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company	here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," th	ne designation "LLC" or th	e abbreviation "L	.L.C.
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADI</u>	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg		on our records, <u>ent</u>	ter the name	of the ne
			, ,	r man
Name of New Registered Agent:				-:
New Registered Office Address:	Enter i	Florida street address	<u>. Ö</u>	
	.,,,,,,,		. 7	
	Cuy	, Florida	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
MGR	Diane Knight	8974 Palos Verde Brix	Add
		8974 Palos Verde Brix Orlando, FL 32825	□ Remove
			□ Change
			Add
			□ Remove
			Change
			🗆 Add
		□ Remove	
			_□ Change
			_□ Add
		Remove	_□ Remove
			_□ Change
			_□ Add
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		0.11	_□ Change
			_□ Add
			_□ Remove
			_□ Change

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Filing Fee: \$25.00