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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-------------------------|------------------------------------|--|---|--|
| CUBU | | SCAPE AND MASONRY LLC | | |
| SUBJI | MCT: | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | indence concerning this matter | to the following: | |
| | | JOSE LUCIO MARCELII | NO JR | |
| | | | Name of Person | |
| | | CS LANDSCAPE AND M | MASONRY LLC | |
| | | | Firm/Company | |
| | | 4470 PORTAGE TRAIL | | |
| | | | Address | |
| | | MELBOURNE, FL 32940 | • | |
| | | | City/State and Zip Code | |
| | | MARCELINOJUNIOR621 | _ | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For fur | ther information c | oncerning this matter, please c | ail: | |
| JOSE LUCIO MARCELINO JR | | | 321 848-6127 at () | |
| | Name o | f Person | at (at Code Daytin | ne Telephone Number |
| Enclos | ed is a check for th | ne 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 tadditional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CS LANDSCAPE AND MASONRY LLC | | 2027 | 40 U v |
|---|---|--------------------------|-------------------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears (ida Limited Liability Company) | on our records.) | ,, ξ |
| The Articles of Organization for this Limited Liability | Company were filed on 07/01 | 1/2019 | and assigned |
| lorida document number L19000170455 | | | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the lin | mited liability company here | ; : | |
| CS HOME IMPROVEMENT SERVICES LLC | | | |
| he new name must be distinguishable and contain the words "Li | imited Liability Company," the desi | gnation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| <u>Principal office address MUST BE A STREET ADD</u> | ORESS) | | |
| | | | |
| Inter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| N. ISAN AND AND AND AND AND AND AND AND AND A | | | |
| If amending the registered agent and/or register gent and/or the new registered office address here | ed office address on our reco : | ords, <u>enter the n</u> | ame of the new regis |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida | 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 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> | <u>Address</u> | Type of Action |
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| fective date, if other than n effective date is listed, the date ote: If the date inserted in thi cument's effective date on th | is block does n | ioi nicei ine aj | ppiicable sta | of filing or more autory filing r | than 90 days a equirements, | ptional) fter filing.) Pur this date will | suant to 605,0207 not be listed as |
| ecord specifies a delayed effe is filed. | etive date, but | not an effecti | ive time, at 1 | 2:01 a.m. on | the earlier of | : (b) The 90 | th day after the |
| JANUARY 27 | | 2022 | , | | | | |
| Shurdh |) 13 L2. | 1/27/ | <u> </u> | | | | |
| | Signature of Signa | of a member or | authorized re | presentative of | a member | | |

Filing Fee: \$25.00