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(R	equestor's Name)	
~(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	- o Filing Officer:	

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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJE	ect: <u>Cr.</u> e	Name of Limit	s and Lane. ded Liability Company	Iscaping LLC
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	endence concerning this matter t	o the following:	
		Corey W	<u>Name of Person</u>	
		Creative	Wells and Firm/Company	Landseaping LLC
		862	S Duncan Address	Dr
		V) ynch E-mail address: e	City/State and Zip Code (a) f f hold code (b) code used for future annual report not	2778 Com
For fu	rther information c	concerning this matter, please ca		
	C D re	1 Warner of Person	at (<u>352)</u> <u>383</u> Area Code Daytim	e Telephone Number
Enclos	sed is a check for t	he following amount:		
⊠ \$2	5.00 Filing Fee	S30.00 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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lir	Company as it now appears of	SCOP; NG	112	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on3	<u>- 10 - 20</u>	<u>V.3</u> and assigned	ì
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the	c abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	•			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>			
	 	-	020FEB	77
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		····		\subseteq
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the n</u>	ame of the new reg	istered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	a strevi address		
	City	Florida	Zip Code	
	Cuy		zip coae	

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 affice 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>ρ</u>	Corey Warner	15611 Trotting Horse	La CATO
	·	Tavares F/ 3277	
			□Change
<u>v P</u>	Robert Stutz	8167 Windy Hollow	, Rd EALIN
		Johnstown Ohio 430	<u>3/_</u> □Remove
			□Change
<u>See</u>	Paul bordon	8708 Alerga Circle	DAGd
		Orlando Fl 3283	<u>6</u> □Remove
11005	Carl Bara	6184 Brandy Creek	DAdd
		Dublin Ohio 430	
}			□Change
Beneral manager	Jan Blackmore	862 3 Duncan D	Pr FAdd
		Tavares F/ 327	78 □Remove
			[] Change
			□Add
			□Remove
			□Change

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an effe lote:	we date, if other than the date of filing: 2 - 6 - 2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00