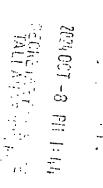
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUDICCT.	BEAUTIFU	JL NATURE LANDSCAPING	G SERVICE LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		GIOVANNY RAMOS CE	RESPO	
			Name of Person	
			Firm/Company	
		9934 DAN ST		
			Address	
		HUDSON.FL 34669		
		<u> </u>	City/State and Zip Code	
		23.GIOVANNY.RC2@GN		<u>F</u>
For further in	iformation co	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	ne Telephone Number
GIOVANN	Y RAMOS C	RESPO	813 812-0191	77 T
	Name of	l'Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	iling 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)
Reg	iling Address gistration S	Section	<u>Street Address:</u> Registration Se	
	ision of C D. Box 632	orporations	Division of Co	•
	i. 130x 632 lahassee, F		The Centre of 2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTIFUL NATURE LANDSCAPING SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp.	08/29/20	019 and assigned
Florida document number	diff were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
STONEGROUND LANDSCAPE SERVICES LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		700 00 11
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	· · · ·	200
B. If amending the registered agent and/or registered off	ice address on our record	s, enter the name of the new registered
agent and/or the new registered office address here:		Fig. 7
Name of New Registered Agent:		(1)
New Registered Office Address:		
New Registered Office / Names,	Enter Florida str	eet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my a as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
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			Change
			\Add
			□Remove
			□Change
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ffect	ive date, if other than the date of filing:	al)
an eff	ive date, if other than the date of filing:(optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 605.020
	nent's effective date on the Department of State's records.	are will not be listed a
recor lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.	The 90th day after the
ated	SEPTEMBER 24 2024	

: • •

Filing Fee: \$25.00