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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to F | iling Officer: | |
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COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: Rolly Landsca | oing and Services LLC. me of Limited Liability Company |
|--|--|
| The enclosed Articles of Amendment and fee(| s) are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| | |
| | Firm/Company |
| 211 |) Cole Trail Address |
| <u>Kissi</u> <u>K</u> - | mmee FL 34743. City/State and Zip Code Kanashira @ hotmail.com. |
| | |
| | at (407) 484-6201 |
| Enclosed is a check for the following amount: | |
| | Status Certified Copy Certificate of Status & Certified Copy Certified Copy |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | nd Services | LLC. |
|--|---|---|
| (Name of the Limited Liability Compar (A Florida Limited L | iy as it now appears on our recolliability Company) | <u>rds.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000060484</u> . | were filed on Februar | y 24 th 202 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability Landscaping and Irr The new name must be distinguishable and contain the words "Limited Liability Liability words". | iontion services | S LLC LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 150 2 |
| (Principal office address MUST BE A STREET ADDRESS) | | 20 1 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>ente</u> | AR SSEE AR SSEE AR BOOK OR DE CONTROL OR DE |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ress |
| | , F | ·lorida |
| | Cuy | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of | performance of my duties, a rovided for in Chapter 605 | and I am familiar with and , , F.S. Or, if this document is |

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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| ffective date, if an effective date is lote: If the date is ocument's effecti | listed, the date n nserted in this | iust be specific block does n | e and can not meet | not be prio the appli | r tó date o cable stat | | more than ' | 00 days aft | | | |
| record specifies : I is filed. | | | | | | 2:01 a.m. | on the ea | arlier of: (| b) The 9 | 0th day a | fter the |
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