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03/16/21--01024--011 **25.00



TAY 2 , 2021

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report no	atification)
For further information a	oncerning this matter, please c		Sincation)
	oncerning this matter, please c		
LOVETTE DOBSON		at () 462-3453 Area Code Dayti	
Name o	f Person	Area Code Dayt	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section **Division of Corporations**

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

	LANDSCAPES LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Comparison $\frac{L20000245104}{L20000245104}$.	ny were filed on 08/12/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	. 1 1
	:
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new register
gent and/or the new registered office address here:	Wie P III
	in the contract of the contrac
Name of New Registered Agent:	
New Registered Office Address:	· F: -
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	Florida
	, Florida

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 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
AMBR	YOLANDA HALL	240 W MALLORY ST	□Add
		PENSACOLA, FL 32501	■Remove
			□Change
	<u> </u>		□Add
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Effective date, if other than the d	ate of filing:		(optional)	
f an effective date is listed, the date must b	be specific and cannot be pr	or to date of filing or more the	ian 90 days after filing.) I	Oursuant to 605.0207 (3
Note: If the date inserted in this block document's effective date on the Dep	artment of State's record	is.	uirements, this date w	iii not be listed as th
e record specifies a delayed effective of is filed.	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
Dated FEBRUARY 21	2021			
1/ 1)	1			
w , ,,	Vu. A AAA			

Typed or printed name of signee