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COVER LETTER

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OUD IDZYI		JNNERS COMMERCIAL LA	NDSCAPING ORLANDO, LLC	
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Tushaar Desai		
			Name of Person	
		Desai Law Group, P.A.		
			Firm/Company	
		1916 East Robinson Street		
			Address	
		Orlando, FL 32803		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please co	all:	
Tushaar D	lesai		407 895-8707	
	Name o	f Person		me Telephone Number
Enclosed is	s a check for th	ne following amount:		
≘ \$25.00) 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 (additional copy is enclosed)
	Tailing Addres		Street Address: Registration S	ection
	ivision of C		Division of Co	orporations
	.O. Box 632		The Centre of	
l	allahassee. I	L 32314	24 LO IN. MIONE	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLADE RUNNERS COMMERCIAL LANDSCAPING ORLANDO, 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 Company were filed on $\frac{12/07/2020}{2}$ ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JPRO Commercial Landscaping, LLC The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			□Add
			□Remove
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in effective da <u>ote:</u> If the d	te is listed, the date ate inserted in th	the date of fili must be specific a is block does not be Department of	nd cannot be prior imeet the applica	able statutory filing i	option (option) than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specif	ies a delayed effi	ective date, but n	ot an effective ti	me, at 12:01 a.m. on	the earlier of; (b)	The 90th day after the
ned Oct	ober 5th	<u></u>	. 2021	9 11 H	J	
				V 1 1 1/1A	+	
		Signature of	a membel or sun	rived representative of	member	

Typed or printed name of signee