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COVER LETTER

TO: Registration Division of C		•				
	Landscape LLC					
SUBJECT:	Name of Lir	nited Liability Company				
791 L L L L L L L L L L L L L L L L L L L		L. Sur J. C Citin				
	of Amendment and fee(s) are su					
Please return all corres	spondence concerning this matter	r to the following:				
	Matthew Tanicello					
		Name of Person		•		
	Tanicello Landscape LLC					
		Firn/Company			2921	
	2998 SW County Road 76	50		1-11	2921 KAS	
		Address			1	
	Arcadia, FL 34226			30	_r:	; []
	mtanicello@outlook.com	City/State and Zip Code			PH 3: 04	محقداد ا
	-	(to be used for future annual report notif	ication)			
For further information	n concerning this matter, please	call:				
Matthew Tanicello		215 4995690 at ()				
Nam	e of Person	Area Code Daytine	: Telephone Number	•		
Enclosed is a check fo	r the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	√□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)		
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tanicello Landscape ELC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.21000070570}{1.21000070570}$	pany were filed on FEB 10, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FOREFRONT LANDSCAPE LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		1 1 1
Mailing address MAY BE A POST OFFICE BOX)		्रिक्ष क
		re se
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r.nier r iorida street address	
	, Florida	
•	City	Zip Code

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applica ocument's effective date on the Department of State's records.		d. (V/) 1	tional) ter filing.) Pursu his date will no	ant to 605.02 of he listed
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m	on the earlier of:	(b) The 90th	day after th
nted FEBRUARY 23 2021	·			
Signature of a member or autho				

Filing Fee: \$25.00