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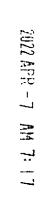
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COVER LETTER

TO:	Registration S Division of C	Section orporations			
	Trimscap	be Landcaping and Design.	LLC		
SUBJE	CT:				
	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Statemer	nt of Correction and fee(s):	are submitted for filin	g.	
Please	return all corres	spondence concerning this	natter to the followin	g:	
Edgar '	Torres				
		Name of Person		_	
Frimse	rape Landcaping	g and Design, LLC			
		Firm/Company		_	
3774 P	eppervine Dr				
		Address		_	
Orland	o, FL 32828				
	-	City State and Zip Code		-	
acontro	ols@ hotmail.co	m			
E	-mail address: (to be used for future annua	l report notification)	_	
or furt	ther information	n concerning this matter, pl	ease call:		
Edgar '	Forres		407	687-4981	
	Name	e of Person	at (Area Code	Daytime Telephone Number	
	Mailing Addr	<u> 1888:</u>		Street Address:	
	Registration			Registration Section	
		Corporations		Division of Corporations	
	P.O. Box 61 Tallahassee			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Inclose	ed is a check fo	or the following amount:			
≣\$25 F	filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. Trimscape Landcaping and Design, LLC FIRST: The name of the limited liability company is: L21000115577 SECOND: The Florida Document number of the limited liability company is: ____ Spelling of Company Name Articles of THIRD: Document to be corrected is: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT M Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Trimscape Landcaping and Design, LLC Incorrect Spelling, Should be as follows: Trimscape Landscaping And Design, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR Signature of Authorized Representative Date Signature of new registered agent, if applicable it NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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

Registered Agent's Signature

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. Thereby confirm that the limited liability company has been notified in writing

Filing Fee: Certified Copy:

of this change,

\$25.00 \$30.00 (optional)