L21000147003

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: <u>Gr</u>	eenseene Laur Name of Lim	1 D Landsca	pe, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ar	ne M. Varge	as	_
		Pirm/Company	un Dlandsla	pl, UC.
		Her Drive Address		_
	Holda Green E-milladdress: (FL 3400 PCity/State and Zip Code SCENE 0214 @ to be used for future annual re	90 9m (Li / COY)	2022 HOV 22 SECRE (C.)
For further information of	concerning this matter, please co	all:		
Anne, Ud Name	WAUS of Person	at (<u>127</u>) Area Code	277-0890 Daytime Telephone Numb	Mar. 199 0
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi sed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Division The Cen 2415 N.	Iress: ion Section of Corporations tre of Tallahassee Monroe Street, Suite see, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greensene La	aun & Landscapes y Company as it now appears on our re	LLC
(Name of the Limited Liability (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2100014/70Q3</u>	ompany were filed on <i>03/36</i> 	2/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	*LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. </u>
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	
Enter new mailing address, if applicable:		9022 NOV
(Mailing address MAY BE A POST OFFICE BOX)		22
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>e</u>	
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street a	
	Ciry	, Florida 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 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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	v	3201 Custer Orive Holiday, FL 34690	ERemove
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an effective date is list	ted, the date must be speci- erted in this block does	fic and cannot be prior	to date of filing or m	ore than 90 days aft	er filing.) Purst	uunt to 605.0 ot be liste
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