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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: Un Surpassed Landscaping U.C. Name of Limited Enability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FILEX Edwn Brooks
Unsurpassed Landscaping LLC Firm/Company
3825 S. Francis Road Address
Address St. Fugustine FL 32092 City/State and Zip Code Un Surpassed Compail Com It-mail address: (to be lised for future annual report notification)
For further information concerning this matter, please call:
Alex Skock S at (Apt) 347 - 1453 Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
TI \$25.00 Filing Fee \$\square\$\$ \$30.00 Filing Fee \$\square\$\$ Certificate of Status \$\square\$\$ Certificate of Status \$\square\$\$ (additional copy is enclosed) \$\square\$\$ \$\
Mailing Address: Registration Section Street Address: Registration Section

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

Unsurpassed Land	SCAPING PHIE: 26
,	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Comparison document number <u>L. 2100.2228</u> 8	ny were filed on $5/3/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lix	ability 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 offic agent and/or the new registered office address here:	re address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City: Zip Code

New Registered Aget t'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 sectutes 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 = Mar AMBR = Au	nager thorized Member		• • •	
<u>Title</u>	Smae	Address	3121 HAY 21 PM 12: 26	Type of Action
AMBR	Alex E Brooks	3835 St. Augustre	S. Francis Road Fl 32092	\ \ \ Add
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tive date, if other than the date of filing:	A PROPERTY AND A PROP		(optional)	
Tective date is listed, the date must be specific and cannot Hi the date inserted in this block does not meet the	be prior to date of filing or r	nore than 90 day 1g requiremen	s after filing.) Pursua ts, this date will no	int to 605.0 of be listed
nent's effective date on the Department of State's	records.			
rd specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m.	on the earlier	of: (b) The 90th	day after
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5 - 21 . 20 Flish Brown Signature of a member	1			
He will to the	GT 66			