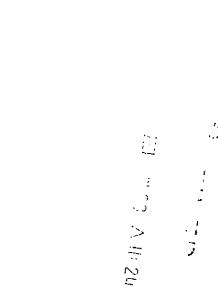
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only 07/21/21 5. C,



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## **COVER LETTER**

TO: Registration Sec Division of Corp					
Proview Lai	ndscape Concepts LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	acerning this matter	to the following:			
	Ricardo Figueroa				
		Name of Person			
	463 Owosso Rd	Firm/Company			
		Address			
	Lake Worth FL 33462	. Toda C.a.			
	alfig_1986@yahoo.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notif	lication)		, .
For further information co	ncerning this matter, please c	all;		· · ·	٠.
Ricardo Figueroa		561 801-0774		<u>:</u>	;
Name of	Person	Area Code Daytim	e Telephone Number	≥ 	-
Enclosed is a check for the	e following amount:			<i>1</i> 277	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Status &	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Proview Landscape Concepts LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the a	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)		
3. If amending the registered agent and/or registered office add	ress on our records, <u>enter the nar</u>	me of the new regi
gent and/or the new registered office address here:		
		*
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	2
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

. . . 1

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
mr	Ricardo Figueroa	463 Owosso rd	
	<u></u>		🗀 Add
		Lake Worth FL 33462	
			<b>≡</b> Remove
			Change
AMBR	Ricardo Figueroa	463 Owosso rd	,
	<del></del>		₹Add
		Lake Worth FL 33462	
			□ Remove
			□Change
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e: If the date inserted in this	nust be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 605.026 filing requirements, this date will not be listed a
cord specifies a delayed effects filed.	tive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after th
June 21	2021	
	Signature of a memby or authorized represents	roa

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