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COVER LETTER

TO: Registration Division of (Section Corporations				
	OU LANDSCAPING LLC				
SUBJECT:	WBJECT: Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filing	ţ.		
Please return all corre	espondence concerning this n	natter to the following	i:		
HEYDY NUNEZ RA					
	Name of Person		•		
TREBOL LANDSC	APING LLC				
	Firm/Company		-		
1341 NE 118 STREE	;T'				
	Address		-		
MIAMI, FL 33161					
	City/State and Zip Code		-		
ALBOACC@HOTM	IAHCOM				
E-mail address:	(to be used for future annual	report notification)	-		
m pat headail					
	on concerning this matter, ple				
ALFREDO BORJAS		305 at (308-4151 1		
Nar	ne of Person	Area Code	Daytime Telephone Number		
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check	for the following amount:				
€\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□855 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. TREBOL LANDSCAPING LLC **FIRST**: The name of the limited liability company is: The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: _____THE LAST NAME OF AMBR HEYDY NUNEZ RAMIREZ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: INCORRECT NAME IS: HEYDY MUNEZ RAMIREZ. TITLE AMBR HEYDY NUNEZ RAMIREZ - TITLE AMBR CORRECT NAME IS: <u>O</u>R Was defectively signed. The manner in which the document was defectively signed and the appropriate Correction are as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: Thereby 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.

Filing Fee:

Certified Copy:

\$25.00

\$30,00 (optional)

CR2E062 (9/15)