# L21000286006

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: **Registration Section Division of Corporations** Edge Curbing and Landscape, LCC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cutting Edge Curbing and Landswape, LCC 96002 284M St. East IKKA City, Florida 34251 Dianchaol@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

#### **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

Cutting Edge Curbing and Landscape, LLC
(Name of the Einited Liability Company art I now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \( \begin{align*}	.1	and ass	signed
Florida document number L21000286006			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
majestic Borders, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbrevia	ation "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 office address on our records, enter the agent and/or the new registered office address here:	name of	the nev	<u>w registere</u>
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Name of New Registered Agent:	-17		en merega ermen
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New Registered Office Address:  Enter Florida street address	- : 0		q
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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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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or  Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m rd is filed.	on the earlier of: (b) The 90th	day after the
Dated November 215t 2021.		
Signature of a member or authorized representative	ve of a member	
Signature of a member or authorized representative	ve of a member	