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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

PALM BEACH LANDSCAPE SERVICES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **HUMBERTO PASQUAL MIGUEL** Name of Person Firm/Company 3792 DALE RD Address PALM SPRINGS, FL, 33406 City/State and Zip Code NEWLIFEINSURANCESVS@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CATARINA FRANCISCO MIGUEL Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH LANDSCAPE SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.) 1 All SSLE FIRE STATE OF STA

The Articles of Organization for this Limited Liability Company	were filed on JULY,20,20	221 and assigned
Florida document number L21000330278		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation	n "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 office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City -	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 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

Title	<u>Name</u>	Address	Type of Action
MGR	CATARINA FRANCISCO	3792 DALE RD	
		PALM SPRINGS, FL 33406	□Remove
			☐ Change
AMBR	HUMBERTO PASQUAL	3792 DALE RD	□Add
		PALM SPRINGS, FL 33406	□Remove
			■ Change
			□ Add
			□Remove
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2: If the date inserted in this bloc	k does not meet the applical	o date of filing or more than ble statutory filing requi	90 days after filing.) Pursuant to rements, this date will not be	5 605.020 c listed a
iment's effective date on the Dep	artment of State's records.			
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Filing Fee: \$25.00