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COVER LETTER

TO:

Tallahassee, FL 32314

Collinatio Ol Diamo Octavio Octavio	YO: Registratio Division of	a Section Corporations			
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: JUAN J CUA AJCHE Name of Person GREEN OLIVE MAINTENANCE, LANDSCAPING & IRRIGATION LLC Firm/Company 2875 SE GARDEN ST Address STUART, FL 34997 City/State and Zip Code native9377@gmail.com E-nail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN J CUA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S50.00 Filing Fee & Certificate of Status Certificate Of Status		OLIVE MAINTENANCE,LAND	SCAPING & IRRIGATION LLC		
Please return all correspondence concerning this matter to the following: JUAN J CUA AJCHE	SORJECI:	Name of Limit	ted Liability Company		
JUAN J CUA AJCHE Rame of Person GREEN OLIVE MAINTENANCE, LANDSCAPING & IRRIGATION LLC Firm/Company 2875 SE GARDEN ST Address STUART, FL 34997 City/State and Zip Code nativo9377@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN J CUA Name of Person Total Code Name of Person Total Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status	The enclosed Article	of Amendment and fee(s) are subm	nitted for filing.		
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN J CUA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certificate Of Status			City/State and Zip Code	y/State and Zip Code	
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(additional copy is enclosed) Certified Copy	Li \$25.00 Filing F	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	Mailing A	dress:			
Registration Section Registration Section	Registrat	on Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN OLIVE MAINTENANCE,I			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia	and assigned		
Florida document number L21000370421			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	2875 SE GARDEN ST	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		STUART FL 34997	
Enter new mailing address, if applicable:		2875 SE GARDEN ST	
(Mailing address MAY BE A POST OFFICE BOX)		STUART FL 34997	
B. If amending the registered agent and/or reagent and/or the new registered office addres			ne name of the new registere
Name of New Registered Agent:			- , , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	2875 SE GARDEN ST Enter Florida street address		. 1
	STUART	, Flor	ida 34997
		City	Zip Code-
New Registered Agent's Signature, if changing R	Registered Agent:	:	. 3

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 Charling 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
MGRM	JUAN J CUA AJCHE	2875 SE GARDEN ST STUART FL 34997	= Add
			□Remove
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cord specifies a s filed.	delayed effective da	te, but not an eff	fective time, al	12:01 a.m. on t	he earlier of: (b)	The 90th day af	ter the
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SEPTEMBE		I.A.	Rido	representative of			

Filing Fee: \$25.00