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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Adrews UNI	indited Land Scaping LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing
Please return all correspondence concerning this matter	to the following:
Andi	ew Basto Name of Person
	Unlimited Condscaping LKC
<u>1034</u>	Stadfard Dr. Address
_	Pork 32792 City/State and Zip Code
Andrew P. Fmail address: (i	to be used for futury annual report notification)
For further information concerning this matter, please ca	alf:
Andrew Basto Name of Person	at (<u>407</u>) <u>655-617/</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount.	
□ \$25 00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 9	131/202	and assigned
Florida document number			
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 Liabil	ity Company," the desig	nation "LLC" or the al	obreviation "L L C "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u></u>
Enter new mailing address, if applicable:			- t, E
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	address on our reco	rds, enter the nan	ie of the new registered
agent and/or the new registered office address here:		<u></u>	
			چې پېښو
Name of New Registered Agent.			<u>ين.</u> الما الما الما الما الما الما الما الما
New Registered Office Address:			
	Enter Florida	sireei address	
		, Florida	Zıp Code
	Ciry		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am j pter 605, F.S. Or.	familiar with and if this document is

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
<u>AMBR</u>	Andrew Basto	1034 Bradford Drive Winterpork FO 32792	'- L'Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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ive date, if other than the date of filing:	(optional) to date of filing or more than 90 days after filing) Pursuant to 605 0.
If the date inserted in this block does not meet the applica	ible statutory filing requirements, this date will not be listed
nent's effective date on the Department of State's records	
demonstrate a delicard effective data but not an effective tir	me, at 12:01 a.m. on the earlier of (b). The 90th day after t
d specifies a delayed effective date; but not all effective the	ine, at 12.01 a.m. (s) the carrier of (t). The 70th day after t
·	<u> </u>
- /	rized representative of a member

Filing Fee: \$25.00