## L21000398063

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TO: Registration Se Division of Cor			
	MATOES LANE	SCAPING LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		KATIE BARNETT	
		Name of Person	
		Firm/Company	
		3711 Island Clu	b Drive APT9
		Address	
		North Port, Flo	orida 34288
		niggly_town@yahoo.co	
For further information c	oncerning this matter, please ea		eport nonrealism,
KATIE BARNE		at (941)	441-6263
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres		Street Ad	
Registration S		•	tion Section
Division of C			of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 21536667-9135-4CA4-A558-CCBE19231A65

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATOES LANDSCAPING LLC (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 and assigned L21000398063 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MATEOS LANDSCAPING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3711 ISLAND CLUB DRIVE APT9 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 name of the new registered agent and/or the new registered office address here: KATIE BARNETT Name of New Registered Agent: 3711 ISLAND CLUB DRIVE APT 9 New Registered Office Address: Enter Florida street address

## 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.

NORTH PORT

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

DocuSign Envelope ID: 21536667-9135-4CA4-A558-CCBE19231A65 11 amending Authorized rerson(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>	Name	Address	Type of Action
			□Add
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