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TO: Registration Se Division of Cor		1	
SUBJECT: M	1	ited Liability Company	obscaping. LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_ Sosh	Name of Person	
	Hiller Lau	on Carl and	1 Landscaping, LLC
	2228 2nd	AUE E.	APT A
	Braden	m, f ] 3	34208
	Miller Jawn E-mail address: (t	City/State and Zip Code  And And Scarl  o be used for future annual report	Ping a vano. Com
For further information co	oncerning this matter, please ca	ıll:	- 0
505H	Hiller	at 941, 468	9-8773
Name o	f Person	Area Code Day	time 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	S60.00 Filing Fee, Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Waller Lawn	lare and landscaping ILC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L210004738</u>	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
	istered office address on our records, enter the name of the new registered
agent and/or the new registered office address h	<u>nerc</u> :
Name of New Registered Agent:	Sost Willer
New Registered Office Address:	2228 2nd AUE E APT & Enter Florida street address  City Florida 21208  Zip Code 57
New Registered Agent's Signature, if changing Reg	istered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	ngent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is sistered office address, I hereby confirm that the limited liability ange.
	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>Coo</u>	Melisa Brummer	11843 Dunster Ln	□Add
		ParrisH, F1 34219	Remove
			□Change
			□Add
			□Remove
			□Add
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in effe ote:	re date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ted _	December 1 2001.
	Signature of a member or authorized representative of a member