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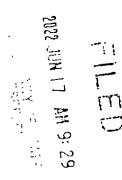
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DATE: 6/17/2022

NAME: VALLEY HOOPER LANDSCAPE& DESIGN LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE & Hodge

# COVER LETTER

то:	Registration Secti Division of Corpo	on rations		
		OPER LANDSCAPE & DESI	GN LLC	
SUBJE	CT:	Name of Limite	d Liability Company	
		mendment and fee(s) are submidence concerning this matter to		COPY
		OLGA RAMOS		
			Name of Person	
		FREEDOM TAX SERVICE	OF SWFL CORP	
			Firm/Company	
		12355 COLLIER BLVD ST	E H	
			Address	
		NAPLES, FL 34116		
			City/State and Zip Code	
•		E-mail address: (t	o be used for future annual report noti	fication)
For fu	orther information co	oncerning this matter, please ca		
	a RAMOS		239 4556011 at ()	
. —		f Person	Area Code Daytim	ne Telephone Number
Enclo	osed is a check for t	he following amount:		
	\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Solution of Colored The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 17 AM 9: 29

VALLEY HOOPER LANDSCAPE & DESIGN 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 04/05/2022 \_\_\_\_\_ and assigned Florida document number L22000163208 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VALLEY HOPPER LANDSCAPE & DESIGN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_\_ City

### 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) a prized to manage, enter the title, name, a ddress 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
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Typed or printed name of signee