Office Use Only



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COVER LETTER

Registration Section Division of Corporations

;OT,

SUBJECT: <u>(1</u> 0	ce Landscup,	ing & Houdymo	ry LLC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	BREDA F	RISMA JEA Name of Petson	Н
	<u>-</u>	Firm/Company	
	28281eon x	A Ven Ue Address	
	Sarasota	F/ 34,2 3 4	
	Chenold 31 6 9 E-mail address di	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	att:	
Name o	f Person	at () 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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 10 AM 10: 4

(Name of the Limited Lightlity Cont.) (A Florida Limited)	pany as it now appears on our recorded Liability Company)	LASEGRETARY OF STA SECOND TALLAHASSEE, FLORE	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned	
Florida document number <u>L 22000 193260</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Estating address surst bit. 11 001 011102 bots,			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Fl	lorida	
New Registered Agent's Signature, if changing Registered Age		·	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	agree to act in this capacity. I fi lete performance of my duties, a	nd Lam familiar with and	

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 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
MCR	Breda ARISMA JEAN	2828 Leon AUR. sur	150to Fl. 3423 Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			🗀 Add
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ote: If the date	f other than the date is listed, the date must be spe inserted in this block do tive date on the Departn	oes not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pursu uirements, this date will n	ant to 605.0207 (3 of be listed as th
record specifies is filed.	a delayed effective date	, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
nted <u>05</u>	10/2022	04	122/6	2022	
(2000	Jon			
\mathcal{A}	Signa	iture of a member or auth	orized representative of a	niember	

Filing Fee: \$25.00