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Division of Corporations

Florida Department of State Divigion of Comprehens

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUSH LANDSCAPES & LIVING LLC

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To: 18506176383 From: 12147128131 Date: 07/15/22 Time: 9:03 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LUSH LANDSCAPES & LIVING LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L22000283175	any were filed on 06/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
Loxe Landscapes & Living LLC		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" o	or the abbreviation SL.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS		
	· · · · · · · · · · · · · · · · · · ·	. 8
		:5:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

ma. 18506176383	From: 12147128131	Date: 07/15/22	Time:	9:03 PM	Page:	03/04
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager		
MAIZ - Manager		
AMBD = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			[]Remove
			□Change
			🗆 Add
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			Change
			□Add
			□Remove
			Change

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. If amending any other inform	ation, enter change(s) here: <i>(At</i>	tach additional sheets, if necessary.)	
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Effective date, if other than the (Han effective date is listed, the date in Note: If the date inserted in this document's effective date on the	plock does not meet the applicable st	(optional) c of filing or more than 90 days after filing.) Pursuant to 60statutory filing requirements, this date will not be list	5,0207 (3) ed as the
he record specifies a delayed effect ord is filed.	ive date, but not an effective time, at	t 12.01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated	2022		
	Oachus Paulas	tham.	
	Signature of a member of authorized	tham representative of a member	
Joshua Rowbotham			
	Typed or printed nam	ne of signee	

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