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COVER LETTER

TO: Registration So Division of Con					
	ANDSCAPING, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	VIRGINIA CORDOVA				
	**	Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	908 N. GRANT ST.				
		Address			
	LONGWOOD, FL 32750				
	jeshua_347@ hotmail com	City/State and Zip Code			
		to be used for future annual report no	tification)		
For further information of	concerning this matter, please co				
VIRGINIA CORDOVA		407 865-3566			
Name o	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 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 Addres		<u>Street Address:</u> Registration Se	retion		
Registration Section Division of Corporations		Division of Co			
P.O. Box 632		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

=1

JOSHUA LANDSCAPING SERVICES, LLC		622 4LL
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number 1.22000291142	any were filed on (16/29/2022	and assigned
This amendment is submitted to amend the following:		1: 22 03:04
A. If amending name, enter the new name of the limited l	iability company here:	
JESHUA LANDSCAPING, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
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 officagent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zio 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
		-	□Remove
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change
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fective date, if other than the da	te of filing: 07/01/2022		(optional)	
in effective date is listed, the date must be	specific and cannot be prior	to date of filing or more than 90	days after filing.) Pursuant to 605	5.020
ote: If the date inserted in this block is a cument's effective date on the Depart	rtment of State's records.	iole statutory thing requiren	ients, this date will not be list	ied i
ecord specifies a delayed effective da	ite, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day afte	er th
is filed.			20% 20%	5 5 5
JUNE 29	2022		ZNZZ JOC - J	Ξ.
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	V. C.	July)	:T:	
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