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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
oun in er	STMA LAN	NDSCAPE & REMODEL LLO	-	
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		ANE TONGA HUFANGA	Λ.	
			Name of Person	
			Firm/Company	
		1624 26TH AVE E		2024 OCT -2 SECULTA !!
			Address	OCT OCT
		BRADENTON, FL 34208		
			City/State and Zip Code	tification)
		E-mail address: (to be used for future annual report no	tification)
For further i	nformation co	oncerning this matter, please co	all:	. • •
ANE TONG	GA HUFANC	îA	682 551-0390 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
≅ \$25.00 I	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STMA LANDSCAPE & REMODEL 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 09/30/2024 and assigned Florida document number L22000294237 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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

, Florida

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
MGR	VITOLIO HUFANGA	1624 26TH AVE E	
		BRADENTON, FL 34208	■ Remove
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ective date, if other than the date of filing:	n the date of filing: (optional) are must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020	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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a		ument's effective date on the Department of State's records.	ements, this date will not be listed a

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00