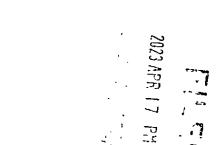
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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Y. SCOTT
JUN - 3 2023

TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

 $i\lambda$

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

> 1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Friday, April 07, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment For: INTRICATE LAWNSCAPES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Division of Cor	porations			
SUBJECT: INTRICA	TE LAWNSCAPES, LL	.C		
		ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
Please return all correspo	ondence concerning this matter	to the following:		
	Corpor	ate Maintenance Lea	ıd	202
		Name of Person		[- [2023 / PR
	Proc	essing Department		- 120
		Firm Company		— 1;
		1450 Vassar St		PH 3: 2:
		Address		20
		Reno, NV 89502		
		City/State and Zip Code	 -	
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please c	all:		
D	ing Department	000 0000		
	ing Department	at (800) 638-2320 Area Code Davúme	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 Fe Certificate of SI Certified Copy (additional copy is	tatus &
Registr	ING ADDRESS:	STREET/COURIE Registration Section	1	
Divisio	n of Corporations	Division of Corpora	agons	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E LAVINSCAPES, LLC		
(A Florid	tv Company as it now appears on o a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on 12/01	/22	_ and assigned
Torida document number <u>L22000506625</u>			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lim	ited liability company here:		
	PERTY MANAGEMENT.		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ation "LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	<u></u>		
			2023
			3 77
Inter new mailing address, if applicable:		• .	7Ö
Mailing address MAY BE A POST OFFICE BOX)			
		in	****
		•	∵
 If amending the registered agent and/or registered agent and/or the new registered office add 			_
Name of New Registered Agent:			
New Registered Office Address			·
	Enter Florida street address		
		, Florida	
	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

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 = A	Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			☐ Change	
			D Add	
			☐ Remove	
			Change	
			202 -e Add	
			Remove Change	
			Remove	
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· - · · · · · · · · · · · · · · · · · · 			Add	
			□ Remove	
			☐ Change	

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Effective date, if other than the date of filing: N/A	
(If an effective date is listed, the date must be specific and cannot be prior to date of til Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
the record specifies a delayed effective date, but not an effec) The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier of
.1.1	
Dated 4/1///2	
Signature of a member or authorized repres	sentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00