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R. HUNT 02/23/23

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cos				
SUBJECT: Ma	A LandScap	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alexander d Ma A Lan 2850 ASCO De Hona.	Name of Person ACAPINA LhC Firm Company Address Cipy/State and Zip Code	20+1 	SERVICES CS. P. MIZ: 55
	Keyono33 E-mail address: (1	to be used for theure annual report notif	ication)	
For further information of	concerning this matter, please ca	all:		
Melissa Name o	Tolbert	at (386) ATA Daytime	B556 e Telephone Number	
Enclosed is a check for the	ne following amount:			
≨\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMA A Landscaping IL	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 123000 39568	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	22
	; 63
	الروايد المعالم المعال المعالم المعالم المعال
Enter new mailing address, if applicable:	- <u>β1, ω</u> · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	TTT - L
	STA.: 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
angi.	Alexander Tollert	Jr. 2850 ASCOT Lane De Hora Fl 32738	\\ \lambda \text{Add}
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			□Change
AMBR	Melissa Tolbert	2850 ASCOT LN.	CX/dd
			□Remove
			□Change
			🗆 Add
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n effective date is listed, te: If the date inserte	the date must be specific ed in this block does no	and cannot be prior of meet the applic	able statutory filing	ore than 90 days after	r filing.) Pursu	ant to 605.020 ot be listed a
cument's effective da	te on the Department of	of State's records.				
s filed.	ved effective date, but i			on the earlier of: (b) The 90th	day after th
_{ted} februo	Lls N Signatura	2003))			
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Typed or printed name of signee