

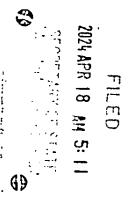
(Requestor's Name)
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COVER LETTER

	ration Sec n of Corp			
Lo SUBJECT:	cal Lands	cape LLC		
		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Kacey Edmondson		
			Name of Person	
			Firm/Company	
		10379 CR 738		
			Address	
		Webster FL 33597		
		locallandscapefla@gmail.co	City/State and Zip Code	
For further infor	mation co	E-mail address: (to be used for future annual report notificat	ion)
Kacey Edmonds		neering this matter, prease co	407 690.7550	
	Name of l	Person	at () Area Code Daytime Te	lephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	z Address: ration Se		Street Address: Registration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Local Landscape LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L23000115602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Local Land Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	3 2
(Principal office address MUST BE A STREET ADDRESS)		24
		PR T
Enter new mailing address, if applicable:	10379 CR 738	# 801 133
(Mailing address MAY BE A POST OFFICE BOX)	Webster FL 33597	
	-	1 6 A
		. 69
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new register
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 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
AMBR	Chadwick Edmondson	•	10379 CR 738, Webster FL 33597	□Add
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	04/14/2024
ecti i effe	ve date, if other than the date of filing: (optional) ective 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
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ume	ent's effective date on the Department of State's records.
COL	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s file	
	7 -1
ed_	April 15 2024.
	HOVE (5) . 2024 . Signature of a member or authorized representative of a member
	THUILIAAAN INAAC
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Kacy Famouds Typed or printed name of signee

Filing Fee: \$25.00