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## **COVER LETTER**

TO: Registration Sect Division of Corpo		•	÷	
SUBJECT: P&P	Lands Caping Name of Limi	LLC ited Liability Company	<del></del>	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Paula Fred Pap Lands			
	_	on Lake Dr. Address		2023
	Jacksonville	F1. 32210 City/State and Zip Code	<u> </u>	  :∩
		196031@amail. Co		• - • • • • • • • • • • • • • • • • • •
For further information con	ncerning this matter, please ca	all:		(1) CC
Paula Frien. Name of F	) & A Person	at ( <u>904</u> ) <u>517</u> - Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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 St Certified Copy (additional copy is c	atus &
Mailina Addrocc		Street Address		

Mailing Address:

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

Street Address:

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

P: Y	Lond Sca Dina II. C
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on April 3, 2023 and assigned
Florida document number <u>L. 2300016506</u>	5
This amendment is submitted to amend the following	ng:
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 "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	in in the contract of the cont

## 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
MGR	Dennis Wilson	2367 Sharon Lake Dr.	□ Add
		Jacksonville, Fl. 32210	MRemove
			Change
MGIR	Paula Frieman	2367 Sharon Lake Dr	
		Jackson7: 11e, F.C. 32210	□Remove
			Change
			2€ Add
		: :	Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date  e: If the date inserted in this block does not meet the applicable st	of filing or more than 90 day		
rument's effective date on the Department of State's records.	,		
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier	of: (b) The 9	Oth day after t
April, 24			
ed 4/24/2023 . 2023 .			
Paula Lineura	,		
Signature of a member or authorized r	representative of a member		