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SULLIVAN'S LANDSCAPING, LLC NORMAN F SULLIVAN, JR. 17517 60th Lane North Loxahatchee, FL. 33470 (561) 561-644-0412

May 24, 2023

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

RE: Document # L23000242793

I have enclosed a check in the amount of \$25.00 for the filing fee. I'm removing (Karey Sullivan) from AP and adding myself (Norman Sullivan) as the AMBR. If you should need anything further, please let me know.

Sincerely,

Norman F. Sullivan, Jr.



July 23, 2023

NORMAN F SULLIVAN, JR. 17517 60TH LANE NORTH LOXAHATCHEE, FL 33470

SUBJECT: SULLIVAN'S LANDSCAPING, LLC

Ref. Number: L23000242793

We have received your document for SULLIVAN'S LANDSCAPING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature page is missing.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 923A00016469



ARTICLES OF AMENDMENT , TO ' ARTICLES OF ORGANIZATION OF



2023 AUG -7 AM 7: 27

Sullivan's Landsca Ping LLC (Name of the Limited Liability Company as It now appears on our records.): (A Florida Limited Liability Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Tribina Immor Immor)	

The Articles of Organization for this Limited Liability Company were filed on May 17, 2023 and assigned Florida document number 123000242793

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

Lip Code

New Registered Agent's Signature, if changing Registered Agent:

This amendment is submitted to amend the following:

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
AP	Kasey Sullivan	17517 604 Lane N	
		Loxaborche, Fl. 33470	Remove
			□Change
AMBR	Norman Sullivan	17517 60th LANC N	
		Loxahatchee, F1. 3347	7 □Remove
		-	Change
			□Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated MAY 17 Signature of a member or authorized representative of a member