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



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07/10/24--01011--022 **25.00



COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: | Name of Lim | nited 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: | | | |
| | Dr. Marco A. Baez | | | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · | | |
| | PlantLife Eco-Organic Solutions Sustainable Landscaping & Services LLC | | | | |
| | | Firm/Company | | | |
| | 200 S. Hampton Drive | | | | |
| | | Address | | | |
| | Jupiter, Florida, 33458 | | | | |
| | | City/State and Zip Code | | | |
| | marcobaez7@gmail.com | | | | |
| | | to be used for future annual report noti | fication) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| Dr. Marco A. Baez | | 561 727-0677 | | | |
| Name of Person | | at () Area Code Daytim | e 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 Fee. Certificate of Status & Certified Copy tadditional copy is enclosed | | |
| Mailing Address | | Street Address: Population Society | otian | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PlantLife Eco-Organic Solutions Sustainable Landscaping & Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ^{January 3rd, 2024} ____ and assigned Florida document number $^{-1.24000009670}$ This amendment is submitted to amend the following: 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 "LA.C." 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 _. Florida __ Cirv New Registered Agent's Signature, if changing Registered Agent: Thereby 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---|----------------|
| MGR | Dr. Marco A. Baez | 200 S. Hampton Drive, Jupiter, FL., 33458 | = Add |
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| ective date, if other than the date of filing: | | | | | |
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| cetive date, if other than the date of filing: (optional) | | | | | |
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Filing Fee: \$25.00