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To:

Page: 1 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

σ Email Address:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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APEX LANDSCAPE & IRRIGATION GROUP LLC

Certificate of Status	0
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2025-01-14 13:01:57 UTC+14 UOVER DEFITER

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

Apex Landscape & Irrigation Group LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Monzon

		Name of Person	
	ZenBusiness INC		
		him/Company	
	336 E. College Ave Suite	301	
		Address	p view a year d'Ann Milyayyang malinka p symmetrin Albert to
	Tollahussee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenhusiness.ed	วสา	
	E-mail address:	to be used for future annual report no	otification)
For further information of	oneerning this matter, please e	all:	
c/o ZenBusiness INC		844 493-6249 at ()	
Name c	of Person	Area Code Dayti	ime Telephone Number
Enclused is a check for t	he 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 (additional copy is enclosed)

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

To:

2025-01-14 13:01:57 UTC+14 18506176383 TO

ARTICLES OF ORGANIZATION OF

Apex Landscape & Imigation Group LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	rany as it now appears on our records.) Liability Company)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
The Articles of Organization for this Limited Liability Companillorida document number $\frac{1.24000053178}{1.000053178}$.	y were filed on 2024-01-29	and assigned
This amendment is submitted to amend the following:		
•		
A. If amending name, enter the new name of the limited lia	bility company here:	
Apex Landscape & Exterior Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	licable: 10425 Se 159th UnSummerfield, FL 34493	
Principal office address MUST RE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 2Summerfield, FL 34492	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	9: 2
	, Florida	$_{\mathrm{a}}$ $\stackrel{:}{:}$ $\stackrel{:}{:}$ $\stackrel{:}{\omega}$
	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.

To: Page: 4 of 5 2025-01-14 13:01:57 UTC+14 18506176383 From: ZenBusiness User in amending Authorized Person(s) authorized to manage. enter the time, name, and aggress of each person being added

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Brandon Fenner	P.O Box 2Summerfield, FL 34492	(∏Add
		,	□Remove
			■ Change
			□Add
			FiRemove
			□Add
			□Remove
			LIChange
			Fi Add
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To:

Filing Fee: \$25.00