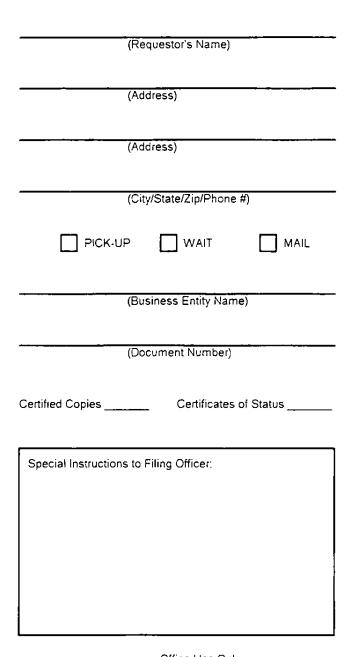
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	JL LandScapi Name of Lin	OQ SOLUTIONS 1 nited Liability Company	L(.
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lessit	Name of Person	
	JL Lan	CLSCAPING SOLUT	ions ll
	1900 (70	JUCITY ST	
	Deiano	1 FL 32720 City/State and Zip Code	
	E-mail address: (be be used for future annual report notifi	DOY, COM
For further information o	concerning this matter, please c	all:	
LtSit W	of Person	at (380) 330 Area Code Daytime	CRUC e Telephone Number
Enclosed 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 Addres	<u>88:</u>	Street Address:	

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

The Articles of Organization for this Limited Liability Company were filed onQ_1_O_8	JL Lands (aping Solution 1) Lands (aping Solution 1)	pany as it now appears on our records.) ed Liability Company)	
Florida document number	(A Fiorida Climite	а главину Сотрану)	
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 "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 Florida		ny were filed on 210812024	and assigned
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	B. If amending the registered agent and/or registered office	e address on our records, <u>enter the name</u>	of the new registered
New Registered Office Address: Enter Florida street address Florida	agent and/or the new registered office address here:		
Enter Florida street address Florida	Name of New Registered Agent:		
Florida	New Registered Office Address:		
, Florida		Enter Florida street address	
170m. 20 17 1	_	Florida	
City Zip Code		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 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
AMBR	LESILE LOPEZ	1900 baudity St Daland Fl 32	15/Add 720
			□Remove
			□Change
			□Add
			□Remove
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			□Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an e Note:	tive date, if other than the date of filing:
The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member Typed or printed name of signee
	Augulatine of a member or aumorized representative of a member
	lose Andres

Page 3 of 3