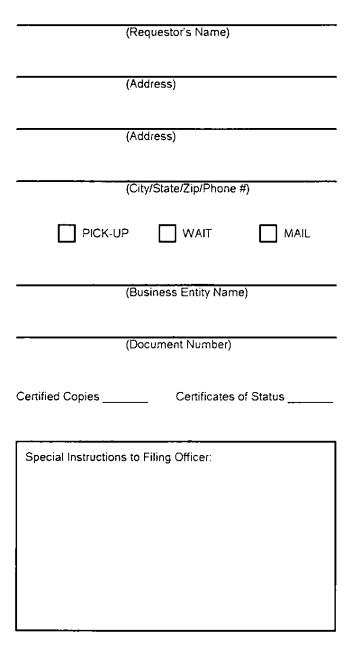
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COVER LETTER

TO:	Registration Section Division of Corporations SCAPING
SUBJ	Name of Limited Liability Company
The c	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	David 5 Haucy Name of Person
	Lottaland Scaping and tree Service LLC.
	1071 mad son Auc Address
	Daylora Boach FL City/State and Zip Code
	Loff Land & aping and free Service 9 gma). (om E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Name of Person at (254 - 744 - 3174 Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
□ \$:	25.00 Filing Fee Solution Solu

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

(Name of the Limited Liz (A Flo	ability Company orida Limited Liab	as it now appears on our records.)	2024
The Articles of Organization for this Limited Liability Florida document number 24000 for this amendment is submitted to amend the following A. If amending name, enter the new name of the	60970 g:		HAYdassigned apd assigned ASSILE FL
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	-	daylors beach	gveruc FL 32114
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 -		
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office add re:	lress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Dow	2 5 Harvey	SR
New Registered Office Address:	1071 M	Enter Florida street address Ona Bookh, Florida	1a 1 32 114

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

Title <u>Name</u> Address Ethel Tfarmer 554 Ruth Steet Boats (14) (D) Kemove Change MGR SamanAna AHonoy 1071 madisun Avenuc Bach Dadd Remove ____ □Change _ □Remove □Change Remove __ Change □Add Remove ☐ Change Remove __ DChange

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an effective Note: If the	e date is listed te date insert	er than the d , the date must be ed in this bloc ate on the Dep	e specific and k does not m	cannot be prid ect the appli	or to date of fil icable statute	ing or more tha	(option n 90 days after t irements, this	nal) iling.) Pursuant to date will not be	605.0207 listed as
record sp I is filed.	ecifies a dela	yed effective o	late, but not a	n effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day a	fter the
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