124000191160

(R	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



600429844396

2024 MAY IS AM IO: L

5/15/21

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/15/2024

D	Acc#120160000072
	Acc#I20160000072
Name:	CLA Landscaping, LLC
Document #:	
Order #:	15566288
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial	Country of Destination:
Certification:	Number of Certs:
Filing: 🗹	Certified: ✓ Email Address for Annual Report Notifications: COGS: Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Se Division of Cor				
CLA Lands	scaping, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u>-</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Brad Lewis			
	<u></u>	Name of Person		
	SR Landscaping, LLC			
		Firn/Company		
	5100 W. Kennedy Blvd., S	Suite 325		~>
		Address	 -	5.
	Tampa, FL 33609		•	
		City/State and Zip Code	 -·	υ:
	blewis@sunriselandscape.c		; · ·	<u>::</u> :
	E-mail address: (to be used for future annual report notification)		င်း သွေ
For further information of	concerning this matter, please c	all:	1.4	35
Brad Lewis		813 454-8569 at ()		
Name o	f Person	at ()	ne 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 I Certificate of Certified Copy (additional copy i	Status & y
<u>Mailing Addre</u> Registration		Street Address: Registration Section		
Division of C	Corporations	Division of Corporation		
P.O. Box 632		The Centre of Tallahass		
Tallahassee,	ru 34314	2415 N. Monroe Street.	, Suite 610	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLA Landscaping, LLC			
(<u>Name of the Limited L</u> (A F	ability Compa forida Limited I	ny as it now appears on our rec liability Company)	ords.)
he Articles of Organization for this Limited Liabil	ity Company	were filed on April 29, 2024	and assigned
lorida document number 1.24000191160	·		
his amendment is submitted to amend the following	g:		
a. If amending name, enter the new name of the	limited liab	ility company here:	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company." the designation "l	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	. <u>.</u>	5100 W. Kennedy Blvd.	
Principal office address MUST BE A STREET A		Suite 325	7 = 3
The gain office and carried to the same and		Tampa, FL 33609	
Enter new mailing address, if applicable:		5100 W. Kennedy Blvd.	υ:
Mailing address MAY BE A POST OFFICE BOX	()	Suite 325	
	_	Tampa, FL 33609	<u>ි</u> හ
		•••	를 다 아
3. If amending the registered agent and/or regis gent and/or the new registered office address had		address on our records, <u>en</u>	ter the name of the new regis
gent and/or the new registered office address in	<u> 11 C</u> .		
Name of New Registered Agent:	CT Corporation	n System	
New Registered Office Address:	200 South Pin	ne Island Road	
		Enter Florida street ad	dress
<u> 1</u>	Plantation		, Florida <u>33324</u>
_		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>	Name	Address	Type of Action
MGR	Austin Ashmore	5100 W. Kennedy Blvd.	■Add
		Suite 325	🗀 Remove
		Tampa, FL 33609	□Change
MGR	Brad Lewis	5100 W. Kennedy Blvd.	
		Suite 325	□Remove
		Tampa, FL 33609	∏ Character
MGR	Gary Broderick	16218 CAMDEN LAKES CIRCLE	□Add
		Naples, FL 34110	≅ Remove
			□Change
MGR	Edward Broderick	2665 BRIGHTSIDE COURT	Add
		CAPE CORAL, FL 33991	Add
			Change
			Fi GD Add
			☐ Remove
			□ Change
			□Add
			□Remove
			□ Change

amending any other information, enter change	V. / (,			•
				-	
		· -	·=		
					
					-
					<u> </u>
		_			-
				5,	
				ii.	
				17.6 23.5%	
				141	ű
			-		
					
			_		
				(optional)	
fective date, if other than the date of filing:	he applicabl	date of filing of the statutory f	or more than 90 iling requirer	days after filing.)	Pursuant to 605.0; will not be listed
ecord specifies a delayed effective date, but not an efficiel.	fective time	e, at 12:01 a.	in. on the ear	lier of: (b) Th	e 90th day after t
ted 203	24	. •			
E I hours					
Signature of a member	er or authori:	zed representa	tive of a memb	oer	
	c. or authorn	•			

Filing Fee: \$25.00