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TALLAHASSEE FLURID!

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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: BEN	NETTS: IMAG	ATION LAND	SCAPING
30BJECT	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:	
	CLINTON N	EAL BENL	181
		Name of Person	
		F: (C	
		Firm/Company	
		Address	
		Address	
		City/State and Zip Code	
	F-mail addrose: (to be used for future annual re	eport notification)
For further information of	concerning this matter, please of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Name o	of Person	at ()	Daytime Telephone Number
.varie e	n i eison	Alea Code	Dayane relephone Number
Enclosed is a check for the	he following amount:		
₹\$25.00 Filing Fee	Z \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addres		Street Ado	
Registration S Division of C			tion Section of Corporations
P O Box 632	•		tre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENNE 15-7 KK/1547/0N-1 Ag (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	45470 Ingleham Circle CAHAHAN, FLORIDA En33011
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CALLABAN, FLOVIDG F
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address

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 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	CLINTON NEAL BEN	CALLAMAN, FLORES	(CL
			□Remove
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EIN, 99-3131593	
effective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	(05.030)
\mathbf{e} : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	it to 603.020. I be listed as
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d s filed.	lay after the
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ed 6/20/24 ().	
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Filing Fee: \$25.00