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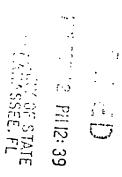
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COVER LETTER

TO: Registration S Division of Co							
#1 SOLU SUBJECT:	TIONS LANDSCAPING LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	condence concerning this matter	to the following:					
	GIULIANA A JIMENEZ						
Name of Person 1&T SERV LLC Firm/Company 850 NW FEDERAL HWY, STE # 111							
	1&T SERV LLC						
		Firm/Company					
	850 NW FEDERAL HWY						
		Address					
	STUART, FL 34997						
	. 	City/State and Zip Code					
	iandtserv@gmail.com	to be used for future annual report notif	iestian				
For further information	concerning this matter, please or	·	icanon,				
	-						
GIULIANA A JIMENI	EZ	772 201-3578 at ()					
Name	of Person	Area Code Daytime	: Telephone Number				
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre Registration		Street Address: Registration Sec	tion				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iName of the Lim	(A Florida Limited	iny as it now appears on our records. Liability Company)	,)		
The Articles of Organization for this Limited I Florida document number 124000229692	iability Company	were filed on 05/17/2024		_ and a	issigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
LANDSCAPING INNOVATIONS, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbre	viation '	L.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREET ADDRESS)		4768 SE COMMERCE AVE		رد: دون	
		STUART, FL 34997	; ·	, "I	٠,,
Enter new mailing address, if applicable:			SVIII.	1.0	, ,,
(Mailing address MAY BE A POST OFFICE BOX)		4768 SE COMMERCE AVE	<u> </u>	11.	h-mad F f f
		STUART, FL 34997	F.F.	₩.	
B. If amending the registered agent and/or agent and/or the new registered office address.	47	address on our records, <u>enter t</u>	ाम he name o	of the n	iew regi
Name of New Registered Agent:	KEEP SAME	REGISTERED AGENT			
New Registered Office Address:	SAME	Enter Florida street address			
		, Flo			<u></u>
		City		Zip Coo	e

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
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			Remove
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fect m ef	ive date, if other than the date is listed, the date is	ie date of filing	i:		ne or more than [©]	(optional)) Pursuar	nt to 605 B2
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Filing Fee: \$25.00

Typed or printed name of signee