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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ري د ا

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DS LANDSCAPE & MAINTENANCE, LLC

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K. SALY

NOV 2 2 2024

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2024 NOV 21 PM 5:11

DS LANDSCAPE & MAINTENANCE, LLC

(Name of the Limited Liability Company as it now appears on our records

	Limited Empility Compo	•	10
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000356104</u>	ompany were filed or	1 A00031 16, 2024	and assigned
_	<b>_</b> '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company."	the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	5100 W. KI	5100 W. KENNEDY BLVD., SUITE 325	
(Principal office address MUST BE A STREET ADDRE	ESS) TAMPA, F	TAMPA, FL 33609	
Enter new mailing address, if applicable:	5100 W. KI	5100 W. KENNEDY BLVD., SUITE 325	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, F	L 33609	· <del>······</del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  CT CO	office address on o		e of the new regist
12(4) 5	1200 S. PINE ISLAND ROAD		
New Registered Office Address: 1200 S.		Florida street address	
PLANT	TATION	Florida <sup>33</sup>	324
	City	, 1 101102	Zip Code

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.

> Sara Kepner, Assistant Secretary If Changing Registered Agent, Signature of New Registered Agent

Ta:

Page 4 of 5

2024-11-21 07.54:11 CST

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From: Daylen Platt

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	DAVID STAUFFER	4010 SAXON DRIVE	□Add
		NEW SMYRNA BEACH, FL 32169	■Remove
			□ Change
MGR	ANDRE BIBEAU	4508 DORIS DRIVE	□Add
		NEW SMYRNA BEACH, FL 32169	■Remove
			□Change
MGR	AUSTIN ASHMORE	5100 W. KENNEDY BLVD., SUITE 325	IIAdd
		TAMPA. FL 33609	□Remove
			□Change
MGR	BRAD LEWIS	5100 W. KENNEDY BLVD., SUITE 325	🗷 Add
		TAMPA, FL 33609	□Remove
			☐ Change
	<b>316.0</b>		TALLAST TALLAST
			T COMMASSEE FI
			Change
		<del>-</del> -	🖸 Add
			□Remove
			□Change

From: Daylen Platt

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ffective date, if other than the d	ate of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.0207
tote: If the date inserted in this bloc	codes not meet the applicable statutory f	or more than 90 days after tiling.) Pursuant to 605.0207 Filing requirements, this date will not be listed as
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record specifies a delayed effective	ate, but not an effective time, at 12.01 a.	m, on the earlier of: (b) The 90th day after the
l is filed.		
november 14	2024	

Typed or printed name of signee