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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL.		
	(Business Entity Name)	·		
(Document Number)				
Certified Copies	Certificates of S	tatus		
Special Instructions to Filing Officer;				

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FLORIDA FILING & SEARCH SERVICES, INC.

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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/7/19

NAME:

SPERBER LANDSCAPE COMPANIES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Depa	artment of
State: Sperber Landscape Compa	nies, LLC	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	bility company is: M1800000	4821
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 5/18	3/2018	23
SECTION II (5-9 complete only the applicable c	hanges)	L ASS
5. New name of the limited liability company:(must	contain "Limited Liability Compa	سما
		>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members adopting the altern	ness in Florida and attach a late name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	i officer address on our records, <u>er</u> dress here:	nter the name of the new
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida Su	
	City	, Florida

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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
Title/ Capacity	<u>Name</u>	Address Type of Action	
Manager	Richard A. Sperber	26500 Agoura Rd., #102-541	
		Calabasas, CA 91302	
Manager Wonder P	Wonder Parent LLC	26500 Agoura Rd., #102-541	
		Calabasas, CA 91302 _{□ Remo}	
President Richard A	Richard A. Sperber	26500 Agoura Rd., #102-541	
		Calabasas, CA 91302 ☐ Remov	
CFO Ronald Ca	Ronald Cammarata	26500 Agoura Rd., #102-541	
		Calabasas, CA 91302 _{□ Remov}	
VP/Secretary Bill F	Bill Ropp	26500 Agoura Rd., #102-541	
		Calabasas, CA 91302	

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Ronald Cammarata

Typed or printed name of signee

Filing Fee: \$25.00