

L11000059448

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NORTH CAROLINA
CLERK OF SUPERIOR COURT

N. Colligan AUG 3 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jimaguas Landscaping & Tree Service, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Misail Valladares
Name of Person
Jimaguas Landscaping & Tree Service LLC
Firm/Company
521 East 60th St
Address
Hialeah FL 33013
City/State and Zip Code
Jimaguasmisail@univision.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Misail Valladares at (786) 339-1290
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2015 JUL 31 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jimaguas Landscaping + Tree Service LLC
(Name of the Limited Liability Company as it now appears on our records)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/20/2011 and assigned Florida document number L 11000059948

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR/ MGR	Michael Valladares	521 East 60 th St	☒ Add
		Hialeah, FL 33013	☐ Remove
			☐ Change
AMBR/ MGR	Alexander Valladares	2775 W Okeechobee Rd	☒ Add
		Apt 27	☐ Remove
		Hialeah, FL 33016	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

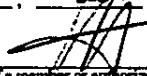
*Each authorized member/manager shall be assigned
10% of company shares effective 07/01/2015
Micael Valladares - 10% + Alexandre Valladares - 10%*

E. Effective date, if other than the date of filing: 07/01/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 1st, 2015


Signature of a member or authorized representative of a member

Micael Valladares, Manager
Typed or printed name of signer

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Filing Fee: \$25.00

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RECEIVED
TALLAHASSEE, FL 32304

Name: DALILA HERNANDEZ	Name: DALILA HERNANDEZ
Company: TAX SOLUTIONS 4 ALL LLC	Company: TAX SOLUTIONS 4 ALL LLC
Address: 7741 SW 135 AVE	Address: 7741 SW 135 AVE
MIAMI, FL 33183	MIAMI, FL 33183
United States	United States
Day Phone: (786) 261-9680	Payment
Fax: (786) 409-2867	By: AMEX
Email: TAXSOLUTIONS4ALL@YAHOO.COM	CC Number: 3XXXXXXXXXXXX2006
	Status: APPROVED - 217256
	Day Phone: (786) 261-9680
	Fax: (786) 409-2867
	Email: TAXSOLUTIONS4ALL@YAHOO.COM