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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filling Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations

#### A&O LANDSCAPING, LLC

Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ndence concerning this matter	to the following:	
ABDIAS VITALUS		
A&O LANDSCAPING, L	Name of Person	
3509 RIDGEMONT, RD	Firm/Company	
	Address	
ORLANDO, FL 32808		
abdiasvitalus@yahoo.com	City/State and Zip Code	
E-mail address; (	to be used for future annual report notif	ication)
oncerning this matter, please ca	all:	
	407 276-2051	
Person	at () Area Code Daytime	Telephone Number
e following amount:		
□ \$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)
	Amendment and fee(s) are sub- ndence concerning this matter  ABDIAS VITALUS  A&O LANDSCAPING, L  3509 RIDGEMONT, RD  ORLANDO, FL 32808  abdiasvitalus@yahoo.com  E-mail address: ( oncerning this matter, please ca	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  ABDIAS VITALUS  Name of Person  A&O LANDSCAPING, LLC  Firm/Company  3509 RIDGEMONT, RD  Address  ORLANDO, FL 32808  City/State and Zip Code  abdiasvitalus@yahoo.com  E-mail address: (to be used for future annual report notification oncerning this matter, please call:  407 276-2051  at (

Mailing Address:

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

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



RECEIVED

2371 AUS 10 AH 10: 41

# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2021

ABDIAS VITALUS 3509 RIDGEMONT RD ORLANDO, FL 32808

SUBJECT: A&O LANDSCAPING LLC

Ref. Number: L16000125940

We have received your document for A&O LANDSCAPING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000096989 - AB'S LANDSCAPING & TREE SERVICE LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 021A00016783



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2021 JUL 19 PH 12: 06

STALL A SIL

June 10, 2021

ABDIAS VITALUS 3509 RIDGEMONT RD ORLANDO, FL 32808

SUBJECT: AB'S LANDSCAPING & TREE SERVICE LLC Ref. Number; L21000096989

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above listed entity is what we have on file. Presently it is unclear as to what your intensions are in filing this document as the document number provided is for a fictitious name filing and it appears you wish to change the name of the Limited Liability Company which was filed on 3/1/2021.

You can not file an amendment to change the name of a ficitious name registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050. - 850-245-6964

Irene Albritton Regulatory Specialist II

Letter Number: 921A00012754

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&O LANDSCAPING, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000125940</u> .	y were filed on <u>07/01/2016</u>	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
AB'S LAWN CARE & TREE SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>ب</u>	
Principal office address MUST BE A STREET ADDRESS)			
		33	
		5	
Enter new mailing address, if applicable:		p ; 1	
••		On State of the St	
Mailing address MAY BE A POST OFFICE BOX)		<del>u</del>	
	<del></del>	<u>U</u> 1	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the	 ე	
Name of New Registered Argent.			
New Registered Office Address:	Enter Florida street address		
	ismet v tortug street dudress		
	, Florid	·	
	City	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 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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗀 Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (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. 07/13 2021 Dated \_\_\_ a member or authorized representative of a member ABDIAS VITALUS Typed or printed name of signee