## 120000 172624

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

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
	RGAS LANDSCAPING LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEANETTE A BRIONES		
		Name of Person	2020 JUL -6
		Firm/Company	
	5650 SE NORMANDY A	VENUE	
	47749.14	Address	PH 3: 3
	STUART/FL 34997		Sm -
		City/State and Zip Code	
	arcoiresca@aol.com	to be used for future annual report not	·
Vor further information o	e-mail address: (	·	itication)
JEANETTE A BRIONE		772 403-3292 at ()	
Name c	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

records.)
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"LLC" or the abbreviation "L.L.C."
2020
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<u> </u>
<u> </u>
enter the name of the new reg
address
. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>]</u>	Гуре of Action
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				_ □Remove
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			7020 J	_ 🗆 Remove
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ctive date, if other than th	e date of filing:	(optional)	•
		ite of filing or more than 90 days after filing statutory filing requirements, this date	
	Department of State's records.		
	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
filed.			
HINE 30	2020		
ed JUNE 30			
<i>f</i> .	Borjas		
////	DAC 105	d representative of a member	

Typed or printed name of signee