L20000191361

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COVER LETTER

TO:	Registration Se Division of Cor			
ern in	ZIT.	MIGUEL L	ANDSCAPING LLC	
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		JUAN MIGUEL BACILIO		
			Name of Person	
			Firm Company	
1050 GOLDENROD ROAD Address				
			City/State and Zip Code	
			juanmiguel535@gmail.com to be used for future annual report no	orification)
For furt	her information e	oncerning this matter, please of	·	onication)
	JUAN MIG	UEL BACILIO	561 719-9637 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
☐ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	Section
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632		The Centre of	
	Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIC	IUEL LANDSCAPING I	TC.	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)	
he Articles of Organization for this Limited Liability Co	ompany were filed on _	07/06/2020	and assigned
florida document number L20000191361			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company l	<u>iere</u> :	
MIGUEL LAN	DSCAPING AND PAIN	TING LLC	
he new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Maning address MAT DE A TOST OF TICE BOW	-		
3. If amending the registered agent and/or registered	office address on our	varande antantha ni	ome at the new regict
gent and/or the new registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the na	G G THE NEW TEGIST
			一哥
Name of New Registered Agent:			-33 N
Name of New Registered Agent.			 : : : : : : : : : : : : : : : : : :
New Registered Office Address:			· P (-
	Enter Fl	orida street address	
		. Florida	4 =
	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>	<u>Name</u>	Address	Type of Action
			bbA⊏
			□Remove
			Change
			□Add
			∐Remove
			□Change
			URemove
			Thange
			□Add
		□Remove	
			L3 Change
		□Add	
			∐Remove
			Change
			□ Remove
			FI Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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,	
. Effect	tive date, if other than the date of filing:
(If an et Note:	fective date, if other than the date of filing:
the reco	rd 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 filed.
Dated	MARCH 31 2021
12016	
	MACH THE RESERVE TO THE PARTY OF THE PARTY O
	Signature of a member or authorized representative of a member

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company MIGUEL LANDSCAPING LLC

Filing Information

Document Number

L20000191361

FEI/EIN Number

APPLIED FOR

Date Filed

07/06/2020

Effective Date

07/06/2020

State

FL

Status

ACTIVE

Principal Address

1050 GOLDENROD ROAD WELLINGTON, FL 33414

Mailing Address

1050 GOLDENROD ROAD WELLINGTON, FL 33414

Registered Agent Name & Address

MIGUEL BACILIO, JUAN 1050 GOLDENROD ROAD WELLINGTON, FL 33414

Authorized Person(s) Detail

Name & Address

Title MGR

BACILIO, JUAN M 1050 GOLDENROD ROAD WELLINGTON, FL 33414

Annual Reports

Report Year

Filed Date

2021

02/08/2021

Document Images

02/08/2021 -- ANNUAL REPORT

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07/06/2020 - Florida Limited Liability

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