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December 2, 2024

To FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

REFERENCE: TO UPDATE THE COMPLETE NAME SALVADOR ESCUTIA GUERRERO AND MADE DE CHANGE AS "MEMBER"

PLEASE YOUR ASSISTANCE

BEST REGARDS,

MARIA F GALEANO 305-282-3623 NATURALTOUCHBYSAL@YAHOO.COM

18101 SW 98<sup>TH</sup> CT MIAMI FL 33157

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJEC		L TOUCH LAWN MAINTENA	ANCE L.L.C.	
SUBJEC	∵1: <u> </u>	Name of Limi	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Maria F Galcano		
			Name of Person	
		Natural Touch Lawn Main	tenance	
			Firm/Company	
		18101 SW 98TH CT		
			Address	****
		Miami, Florida 33157		
			City/State and Zip Code	<del></del>
		naturaltouchbysal@yahoo.c		
		E-mail address: (	to be used for future annual report not	fication)
For furth	ner information o	concerning this matter, please ea	all:	
Maria F	Galeano		305 282-3623 at ()	
	Name o	of Person		ne Telephone Number
Enclosed	l is a check for t	he following amount:		
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Address Registration	Section	Street Address: Registration Se	
	Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		2024 L.S
NATURAL TOUCH LAWN MAINTENA		
(Name of the Limited Lial	bility Company as it now appears on our records.) rida Limited Liability Company)	<u></u>
(A Fior	nda Elinica Elability Company)	ا ت
The Articles of Organization for this Limited Liability	y Company were filed on 06/28/2004	and assigned
Florida document number L04000048626		
		(<)
This amendment is submitted to amend the following	;	<del></del>
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	ir the abbreviation "L.L.C."
Catan name suit single offices address if a == 1i-ablas		
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET AD</u>	<u> </u>	
	<del></del>	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ared office address an our records, enter th	e name of the new registi
B. It amending the registered agent and/or registered agent and/or the new <u>registered office address her</u>		e name of the new regist
agent and/or the new registered office address her	<u>e</u> .	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Emer 1 tortuu sireet duaress	
	, Flori	
	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 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>	Type of Action
AMBR	Salvador Escutia Guerrero	18305 SW 206 Street	<b>=</b> Add
		Miami. Florida 33187-3319	□Remove
			□Change
AMBR	Maria F. Galeano	18305 SW 206 Street	
		Miami, Florida 33187-3319	□Remove
			Change
Pres	Salvador Escutia		🗀 Add
			■Remove
			Change
			□Add
			□Remove
			Change
			□Remove
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			[]Change

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Filing Fee: \$25.00