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SECRETARY OF STATE
AND AMASSEE, FLORID

S. WARREN SEP 1 3 2017

COVER LETTER '

TO:	Registration So Division of Con			
SUBJE		d Care LLC		
SUBJE	C1:	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	ondence concerning this matter	to the following:	
		David Cruz		
			Name of Person	
		DC Accounting Services		
			Firm/Company	
		24156 State Rd 54 Suite 1		
			Address	
		Lutz, FL 33559		
			City/State and Zip Code	
		deruz@deaccountingpa.con		
For furt	her information c	e-mail address: (to be used for future annual report not	incation)
David (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	813 345-8503	
		of Person	at ()	ne Telephone Number
	. Tunto o		Area Code Dayin	ne receptione (vuitibe)
Enclose	d is a check for tl	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunset Land Care LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 1	/05/2006 and assigned
Florida document number L06000002514	·	
This amendment is submitted to amend the fo	llowing:	
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 appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
-		ALL ALL
		至日 节 五
		on our records, enter the name of the ne
registered agent and/or the new registered	office address here:	mo Z D
		FS
Name of New Registered Agent:	Jaime Tonge Santiago	9F ii
New Registered Office Address:	3900 Forest Park	Om W
	Enter Fl	orida street address
	Land O Lakes	, Florida 34659
	City	Zin 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>	Address	Type of Action
MGR	Jaime Tonge Santiago	3900 Forest Park	Add
		Land O Lakes 34659	Remove
			Change
MGR Jose A Rojas	Jose A Rojas	5804 North 50th St	Add
		Tampa FL 33610	■ Remove
		☐ Change	
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			A Change
			SEE OF Memove
			ORDET Change

Note: If the date inse document's effective	her than the date of fied, the date must be specific erted in this block does n date on the Department	not meet the applicat of State's records.	ole statutory filing red	quirements, this date w	vill not be listed as the

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00