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## COVER LETTER

	A LANDSCAPING SERVICES	S LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	CARLOS BAUTISTA				
	<u> </u>	Name of Person		-	
		Firm/Company		_	
	1177 RUSSELL AVE				
Address					
		City/State and Zip Code	:	2023   SEC	
For further information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifies	ttion)	2023 AUG IL AM 9: SECRETARY OF ST SALLAHASSEE,	lam eres
CARLOS BAUTISTA		941 993-7713 at ( )		ASSEE ASSEE	
Name o	t Person	Area Code Daytime T	elephone Numbe	GIATE	,
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	·			<b></b>	

Registration Registration Section Division of Corporations P.O. Box 6327

TO: Registration Section -

**Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BAUTISTA LANDSCAPING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/05/2008 and assigned

lorida document number L08000055829		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		SEE 2873
Principal office address MUST BE A STREET ADDRESS)	<del></del>	ALE TO THE TOTAL PROPERTY OF THE PARTY OF TH
Enter new mailing address, if applicable:		SSET A C
Mailing address MAY BE A POST OFFICE BOX)		75. 0
Maning undress MAT BE A FOST OFFICE BOAY		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreen consistence of all statutes relative to the proper and complete, agreen the following the position as registered agent as position as registered agent as position and the registered office company has been notified in writing of this change.	ee to act in this cap performance of my provided for in Cha address. Thereby	pacity. I further agree to comply with the duties, and I am familiar with and upter 605 F.S. Or, if this document is a confirm that the limited liability.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>A</u> 0	ddress			Type of Action
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D. If ame	ending any other informatio	n, enter change(s) here: //	Attach additional sheets, if ne	cessary.)	
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	cord specifies a delayed e e 90th day after the recor		n effective time, at 12:01	a.m. on the ear	rlier of:
Dated	AUGUST 4	2023			
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	CARLOS BAUTISTA	Typed or printed na			:

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Filing Fee: \$25.00