108000/07891

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

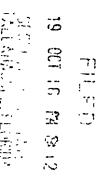
Office Use Only



800335540908

10/16/19--01006--009 (**25.00

NOV 0 4 2019 S. YOUNG



COVER LETTER

Division of Corp	orations		
A m	(.		
SUBJECT: LEBEC	- LANOSCAPING	للب	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Naga atum all assessment	.danaa aanaaning thia mattan	and har fall and an	
riease return an correspon	dence concerning this matter t	to the following:	
	MHN -PAU	L LEBUL	
		Name of Person	····-
	I FREL LAN	JOSCAPULLA LLC	
	2004 411	Firm/Company	
		. ,	
	12217 (1415)	AUE	
	12717 GROVE	Address	
		7 tour can	
	THONOTOGASSI	City/State and Zip Code	
	JOHN QU	RELLANDSCAPING. COM	<u> </u>
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	AL:	
\r. 11 \ 0 \ 12	i.rom	. 0.2 . 430 649	,
JOHN - PAUL LEGEL Name of Person		at (<u>313</u>) <u>479</u> -868 Area Code Daytime	Celephone Number
Name of	retson	Area Code Daytine	reteptione Number
Englosed is a check for the	following amount:		
	-		
2 \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			, ,,

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lit	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u>m</u> = 0
The Articles of Organization for this Limited	Liability Company were filed on 11/19/2008	and assigned
Florida document number <u>L030001078</u>	11	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	e words "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFIC	E BOX)	
	nd/or registered office address on our records, ent	pany here: ny," the designation "LLC" or the abbreviation "L.L.C." ress on our records, enter the name of the new
egistered agent and/or the new registered	office address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 Title <u>Address</u> Type of Action Name JOSEPH CEUL 12217 CIMENTO AVE MGR THONOTOSASSA, FL 33592

Remove ☐ Change ECIC MCCARTHY MUL 12217 GLOVENEDO AUG. THOROTOSASSA, I'L 335AZ ☐ Remove _□ Change _____ 🗖 Add ☐ Remove ☐ Change ☐ Add □ Remove _□ Change ☐ Remove ☐ Change □ Add □ Remove

_□ Change

						
				<u>.</u>		
		- <u>-</u>				
	·					
						
				-		

-					······································	
			·			
		,- <u></u>				
	<u> </u>					
If an effective da Note: If the d	e, if other than the date is listed, the date must blate inserted in this block fective date on the Department.	e specific and cann k does not meet	the applicable stat	f filing or more than autory filing require	(optional) 90 days after filing.) Pu ements, this date wil	irsuant to 605.0 I not be listed
ne record sp The 90th	pecifies a delayed e day after the recor	effective date d is filed.	, but not an ef	fective time, a	t 12:01 a.m. on	the earlier
Dated <u>CCC</u>	ober 10	<u>2</u>	. <u>Pla</u>	resentative of a mer		
	- Alle	Pul Ru	A			

Page 3 of 3

Filing Fee: \$25.00