

L10000036870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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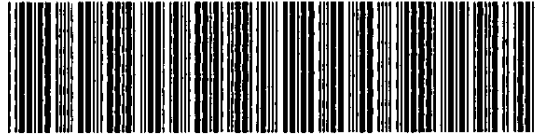
(Business Entity Name)

(Document Number)

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7:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 12 AM '10

T. HAMPTON

MAY 13 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PL Architectural Landscaping Unlimited LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Diaz Talm  
Name of Person  
PL Architectural Landscaping Unlimited LLC  
Firm/Company  
1900 S.W. 96 TER  
Address  
Miramar FL 33025  
City/State and Zip Code  
HectorDiazTalm@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Mendoza at 205, 924-1633  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
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**

FL Architectural Landscaping Unlimited 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 4/6/10 and assigned  
Florida document number 110000036870

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 12 AM 11:13

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Hector L. Diaz Falu

New Registered Office Address:

1900 S.W. 96 TER

Enter Florida street address

Miramar

Florida

1 33025

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 608, 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.

Hector L. Diaz Falu

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR Mr.	Hector Diaz Fahn	1900 S.W. 9th TERR Hialeah, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Mrs	Martha Mendoza	1900 S.W. 9th TERR Hialeah, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 MAY 12 AM 11:10

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

Dated \_\_\_\_\_, \_\_\_\_\_.

*Hector Diaz Fahn*

Signature of a member or authorized representative of a member

Hector Diaz Fahn

Typed or printed name of signee