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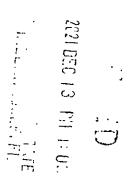
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

WM LAWN MAINTENANCE & GARDEN LLC SUBJECT: \_\_\_\_\_ 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: EDGAR ARMANDO ARCILA Name of Person XACTO TAX SERVICES LLC Firm/Company 810 SW GLENVIEW COURT Address PORT ST. LUCIE, FLORIDA 34953 City/State and Zip Code xactotax@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDGAR ARMANDO ARCILA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WM LAWN MAINTENANCE & GARDEN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 1.12000038418 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 contain 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: New Registered Office Address: Enter Florida street address

## 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.

\_\_. Florida \_\_\_

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	MARISELA ARENAS MALDONADO	15151 SW CHICKEE STREET	<b>=</b> Add
		INDIANTOWN, FL 34956	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ctive date, if other the effective date is listed, the defective date inserted in timent's effective date on	this block does not	meet the applicable	ate of filing or more the e statutory filing requ	(optional) in 90 days after tiling.) P irrements, this date wi	ursuant to 605.020 Il not be listed a:
ord specifies a delayed e filed.	ffective date, but no	nt an effective time,	at 12:01 a.m. on the	earlier of: (b) The S	Oth day after the
DECEMBER 6TH		2021		nember	
d					
If the date inserted in unent's effective date or ord specifies a delayed e filed.	this block does not a the Department of effective date, but no	meet the applicable State's records. of an effective time,	e statutory filing requ at 12:01 a.m. on the	earlier of: (b) The S	ll not be list 90th day afte