12000012819

(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:							
OCT - 9 2012							
L. S ELLERS							

Office Use Only



FILED
12 0CT -8 PM 4: 05

400240004534

10/08/12--01020--010 **25.00

COVER LETTER

TO:

Registration Section

Division of Corporations								
SUBJECŢ:	Т	ASCON LANDSC			LC			
		Name of Limit	ted Liability (Company				
The enclosed Art	icles of Am	endment and fee(s) are sub	mitted for fili	ng.				
Please return all	corresponde	ence concerning this matter	to the followi	ing:				
	_	DIEGO F TASCON						
	·		Name of	f Person				
TASCON LANDSCAPING SERVICES, LLC								
			Firm/Co	ompany				
14649 HUNTCLIFF PARKWAY								
	Address							
		C	RI ANDO	FL 32824				
	-	ORLANDO, FL 32824 City/State and Zip Code						
		FERC	:HIN21@F	IOTMAIL.COM				
	-	E-mail address: (t	o be used for fu	uture annual report not	ification)			
For further inform	nation conc	erning this matter, please c	ali:					
	DIECO	F TASCON		407	240.04	10		
Name of Po			at (<u>407</u>) Area Code & Daytin		340-9418 ne Telephone Number			
				•	•			
Enclosed is a che	eck for the f	ollowing amount:						
▼ \$25.00 Filing	Fee [\$30.00 Filing Fec &	\$55.00	Filing Fee &	<u> </u>	60.00 Filing Fee,		
	_	Certificate of Status		ied Copy ional copy is enclose	·4)	Certificate of Status & Certified Copy		
			(addit	ionai copy is choiosc	, u)	(additional copy is enclosed)		
						nnaa		
	MAILING ADDRESS: Registration Section			STREET/COUR Registration Secti		ORESS:		
S.C. J.K	Division o	f Corporations	Division of Corporations Clifton Building					
		P.O. Box 6327 Callahassee, FL 32314		2661 Executive Center Circle				
				Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TASCON LANDSCAPING SERVICES, LLC

(Name of the Limited Liability (A Florida L	Company as it now appea limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Conference L12000072819	ompany were filed on	05/31/2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wor- "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbrev	iation
Enter new principal offices address, if applicable:			21000	
(Principal office address MUST BE A STREET ADDR	PESS)			_

Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)				
				_
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter t</u>	hename of the	new
TOTAL TOTAL CONTROL OF THE STATE STA	<u>ees nore</u> .		OCT AND	77
Name of New Registered Agent:			<u>G</u>	
New Registered Office Address:			무 골 !	
	Eı	iter Florida street add		أمس
		, Florida	6 6 6 6	
	Citv		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.

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** <u>Name</u> **Address Type of Action** MGR . MANUEL ENCARNACION 14649 HUNTCLIFF PARKWAY ORLANDO, FL 32824 Add Remove _ Remove ∏ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member ascon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00