## 1300036621

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>•</del> #)
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SECRETANI OF STATE
ALLAHASSEE, FLORIDA

AUG 12 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
	ARMS LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JOSE M. GARCIA		
	CLASSICAL PLANT SER	Name of Person RVICES (F/K/A CAO FARMS LLC	· · · · · · · · · · · · · · · · · · ·
	PO BOX 770998	Firm/Company	
	MIAMI, FLORIDA 33177	Address	
	JBSNURSERY@GMAIL.C	City/State and Zip Code COM	**
	E-mail address: (	to be used for future annual report notifi	cation)
For further informatic	on concerning this matter, please co	ill:	
JOSE M. GARCIA		305 345-2369	
Nan	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or 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

CAO PARVIS LLC	·	<del></del>	
, Numer of the Lamited (A	Cliability Compa CFlorida Limited 1	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L13000036621	oility Company	were filed on $\frac{03/11/2013}{}$	and assigned
his amendment is submitted to amend the follow	ving:		
a. If amending name, <u>enter the new name of t</u>	<u>he limited liab</u>	ility company here:	
LASSICAL PLANT SERVICES LLC			
he new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	i "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20850 SW 187 AVENUE	ii
Principal office address MUST BE A STREET ADDRESS)		MIAMI, FLORIDA 3318	87
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>Q.V.</u>	PO BOX 770998  MIAMI, FLORIDA 3317	ALASSEE, FLORIDA
If amending the registered agent and/or egistered agent and/or the new registered office	ce address her		cords, enter the name of the
Name of New Registered Agent:	MICHELLE CO	OTTET-GARCIA	
New Registered Office Address:	9295 SW 67 ST	·	
		Enter Florida street	
	MIAMI		_, Florida <u>33173</u>
		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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSE : GARCIA	PO BOX 770998	
		MIAMI, FLORIDA 33177	
		MIANI, PLOKHWA 33177	
			■ Change
AMBR	MICHELLE COFFEY-GARCIA	PO BOX 770998	□ Add
		MIAMI, FLORIDA 33177	U Add
			□ Remove
			_
			🖨 Change
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			☐ Remove
			□ Change

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<del></del>	
	08/01/2019
Note: If if	late, if other than the date of filing:
the record ) The 90	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the thick the day after the record is filed.
	GUST 1
Dated AU	
Dated AU	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00