

13000162807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

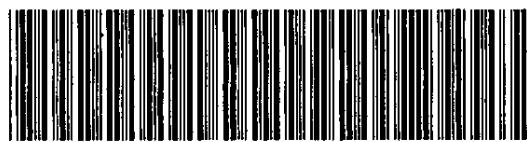
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR 16 PM 2:59
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2017

ALBERT PRADETTO
1107 OLD DIXIE HWY
LAKE PARK, FL 33403

SUBJECT: ADAMS LANDSCAPING SERVICES LLC
Ref. Number: L13000162807

We have received your document for ADAMS LANDSCAPING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL Corporation, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 217A00004304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 16 AM 11:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adams Landscaping Services 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:

ALBERT PRADETTO

Name of Person

Adams Landscaping Services LLC

Firm/Company

1107 Old Dixie Hwy

Address

Lake Park FL 33403

City/State and Zip Code

APRADETTO @ All Florida Towing. GONE

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT PRADETTO

Name of Person

at (561)

Area Code

719-0617

Daytime Telephone Number

FILED
MAR 16 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

ADAMS LANDSCAPING SERVICES 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 11-20-2013 and assigned
Florida document number L13000162807

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)

1402 WEST LIBBY ST
WEST PALM BEACH
FL 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1462 WEST LIBBY ST
WEST PALM BEACH
FL 33406

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:

ORLANDO ALVAREZ

New Registered Office Address:

1402 WEST LIBBY ST

Enter Florida street address

West Palm Beach, Florida 33406

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.

B. Alvarez

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>	<u>Type of Action</u>
P	Albert Prader	1107 Old Dixie Hwy Lake Park FL 33463	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

P ORLANDO ALVAREZ 1402 WEST LIBBY ST Add
W. PALM BEACH Remove
FL 33406 Change

<hr/> <hr/>	<input type="checkbox"/> Add
<hr/> <hr/>	<input type="checkbox"/> Remove
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<hr/> <hr/>	<input type="checkbox"/> Change

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

17
MARK 10
SECRETARY OF STATE
TALLAHASSEE, FLA.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee