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COVER LETTER

Div	ision of Corp	orations	,			
SUBJECT:	OCAMPO L	ANDSCAPES, LLC				
Sobalet.		Name of Lim	nited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		OCAMPO, URIAS				
			Name of Person			
OCAMPO LANDSCAPES, LLC						
Firm/Company			,			
		11315 DEEP LANE				
			Address			
		JACKSONVILLE, FL 322	257		;~··j	
		ocampohorticulture@gmail	City/State and Zip Code .com		2017 I	0-4
		E-mail address: (to be used for future annual report notific	ation)	SYR.	П
For further in	formation con	cerning this matter, please ca	all:		(L) - 0	
Urias Ocamp	00		904 400-8329 at ()			5
	Name of P	erson	Area Code Daytime	l'elephone Number	20 :	
Enclosed is a	check for the	following amount:				
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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**

OCAMPO LANDSCAPES, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000028357</u> .	were filed on 02/18/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 of registered agent and/or the new registered office address here. Name of New Registered Agent:	e:
New Registered Office Address:	Emer Florida street address
	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>	Address	Type of Action
MGR	REBECA P HERNANDEZ	11315 DEEP LN	
		JACKSONVILLE, FL 32257	Remove
			Change
AMBR	Rebeca Paloma-Hernandez	11315 DEEP LN	
		JACKSONVILLE, FL 32257	□ Remove
			Change
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			☐ Remove
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		—————————————————————————————————————	
E. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	pecific and cannot be prior to date of filing or not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed	0207 (3)(b I as the
If the record specifies a delayed eff (b) The 90th day after the record	ective date, but not an effective s filed.	time, at 12:01 a.m. on the earlier	r of:
Dated	20017		
this		•	
Sign	ature of a member or authorized representative	e of a member	
,	·		
JUAN C OCAMPO	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00