

L14000028357

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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n. BRUCE
MAR 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCAMPO LANDSCAPES, 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:

OCAMPO, URIAS

Name of Person

OCAMPO LANDSCAPES, LLC

Firm/Company

11315 DEEP LANE

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

ocampohorticulture@gmail.com

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

For further information concerning this matter, please call:

Urias Ocampo

904

400-8329

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

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TALLAHASSEE, FLORIDA
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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>
MGR	REBECA P HERNANDEZ	11315 DEEP LN	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rebeca Paloma-Hernandez	11315 DEEP LN	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY
FLORIDA

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

Handwritten signature across the lines.

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 03/06/2017 (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 MARCH 6, 20017

Handwritten signature of Juan C Ocampo.

Signature of a member or authorized representative of a member

JUAN C OCAMPO

Typed or printed name of signee