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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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March 19, 2019

HERLINDA MORALES 644 39TH ST WEST PALM BEACH, FL 33407

SUBJECT: H MORALES LANDSCAPING SERVICES & TREE TRIMMING LLC

Ref. Number: L14000170596

We have received your document for H MORALES LANDSCAPING SERVICES & TREE TRIMMING 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 Florida profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 219A00005449

COVER LETTER

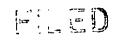
TO:

Registration Section

	of Corpo MORALES		ES & TREE TRIMMING LLC	
SUBJECT:				
The enclosed Art	icles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all c	correspond	ence concerning this matter	to the following:	
			HERLINDA MORALES	
			Name of Person	
		H MORALES LANDS	CAPING SERVICES & TREE TE	RIMMING LLC
Firm/Company				
			644 39TH ST	
	H MORALES LANDSCAPING SERVICES & TREE TRIMMING LLC Firm/Company 644 39TH ST Address WEST PALM BEACH, Ft. 33407 City/State and Zip Code AMERICATAX0109@HOTMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: HERLINDA MORALES at (
		WES	ST PALM BEACH, FL 33407	
				· · · · · · · · · · · · · · · · · · ·
			_	
For further inform	nation cond			
			561 768-2125	
	Name of Pe	erson		ne Telephone Number
Enclosed is a che	ck for the t	ollowing amount:		
□ \$25.00 Filing	g Fee		Certified Copy	Certificate of Status &
	MAILING Registration	G ADDRESS: on Section	STREET/COUR Registration Secti	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
Clifton Building
Tallahassee, Fl. 32301
Clifton Building
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 HAR 29 PM 4: 33

H MORALES LANDSCAPII			<u>.TF</u>
(Name of the Limited Liability Co (A Florida Lim	ompa <mark>ny as it now appears o</mark> lited Liability Company)	n our records.)	J. F.FL
The Articles of Organization for this Limited Liability Comp. Horida document numberL14000170596	oany were filed on	11/03/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
H MORALES LA	ANDSCAPING SERVICE	ES, LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere		ur records, <u>enter</u>	the name of th
registered agent and/or the new registered office address	here:		
Name of New Registered Agent:	LAS AMERICAS MU	LTISERVICES, LL	С
New Registered Office Address:	450 S. OLD DIX	E HWY. STE # 4	· · · · · · · · · · · · · · · · · · ·
-	Enter Florida	i street address	
	JUPITER	Florida	33458
- :-	Ciţ		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 Revistered 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>	Name	Address	Type of Action
~			Add
			Remove
			Change
			□ Remove
			□ Change
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		MARCH 6	. 2019			
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Filing Fee: \$25.00