L14000170596

| (F | Requestor's Name) | |
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| (/ | Address) | |
| | Address) | |
| (0 | City/State/Zip/Phone #) | |
| ☐ PICK-UP | MAIT MA | dL. |
| 3) | Business Entity Name) | |
| i) | Document Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions t | to Filing Officer: | |
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Office Use Only



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06/30/23--01021--018 **25.00

2023 JUN 30 AMII: 27

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

** # 1

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

| SUBJECT: H MORAL | ES LANDSCAPING SERVIC | | | |
|-------------------------------|--|---|--|--|
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | HERLINDA MORALES | | | |
| | | Name of Person | | |
| | | Firm/Company | . | |
| | 644 39TH ST | Address | · · · · · · · · · · · · · · · · · · · | |
| | | Address | | |
| | West Palm Beach, FL 334 | | | |
| | | City/State and Zip Code | | |
| | AMERICATAX0109@HO E-mail address: (| HMAIL, COM to be used for future annual report noti | fication) | |
| For further information c | oncerning this matter, please c | · | · | |
| HERLINDA MORALES | | at (561) 768-2125 | | |
| Name o | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for th | ne 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 Addres Registration S | _ | Street Address: Registration Se | ction | |
| Division of C | | Division of Cor | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H MORALES LANDSCAPING SERVICES. LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limite | d Liability Company) | , |
|--|---|---|
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L14000170596</u> . | ny 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 lia | ability company here: | |
| MORALES TREES TRIMMING & LANDSCAPE, LLC | | · |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" o | or the abbreviations L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u></u> | 3 |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | 2 |
| | | ` |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| The state of the s | Enter Florida street address | |
| | , Flor | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | te performance of my duties, and s provided for in Chapter 605, F. | I am familiar with and S. Or, if this document is |
| If CF | anging Registered Agent, Signature of i | 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 |
|--------------|-----------------------|---------------------------|--------------------------|
| VP | ANASTACIO M HERNANDEZ | 644 39th Street | \equiv \equiv Add |
| | | WEST PALM BEACH, FL 33407 | □Remove |
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| Signature of a member or authorized representative of a member | Heslinda dorales Signature of a member or authorized representative of a member | Herlinda Signa | ure of a member or | e_S r authorized re | presentative of a r | nember | | , |

Filing Fee: \$25.00