

L150000 07683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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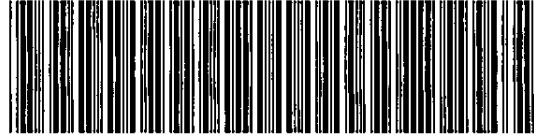
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC'D
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EL PRADO PROPERTY MANAGEMENT AND LANDSCAPING 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:

NELSON BALLESTEROS

Name of Person

NELPI SERVICES INC

Firm/Company

2393 SOUTH CONGRESS AVE STE 223

Address

WEST PALM BEACH FL 33406

City/State and Zip Code

NELSON@NELPISERVICES.NET

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

For further information concerning this matter, please call:

NELSON BALLESTEROS

561 253-6070

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EL PRADO PROPERTY MANAGEMENT AND LANDSCAPING 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 01/13/2015 and assigned
Florida document number L15000007683

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1181 LARCH WAY

ROYAL PALM BEACH, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1181 LARCH WAY

ROYAL PALM BEACH, FL 33414

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:

JOSE J ABADIA

New Registered Office Address:

1181 LARCH WAY

Enter Florida street address

ROYAL PALM BEACH

Florida 33414

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

Title	Name	Address	Type of Action
MGR	JOHN OROZCO	5291 INDIANWOOD VILLAGE L	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE J ABADIA	1181 LARCH WAY	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE
FLORIDA

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

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 JUNE 14

Signature of a member or authorized representative of a member

José J. Abadía

Typed or printed name of signee

STATE
OF FLORIDA

100-1-446:03

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