LIGUO CE BUI

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
_	623	

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400334942674 10/03/19--01024--005 **25.00

FILED
19 NOV -4 RI 12: 15

MOV 0 5 2019 S. YOUNG



October 22, 2019

VERONICA BURGOS LANDSCAPE MANAGEMENT OF SOUTH FLORIDA 125 S STATE RD STE 104 #316 WELLINGTON, FL 33414

SUBJECT: LANDSCAPE MANAGEMENT OF SOUTH FLORIDA, LLC

Ref. Number: L15000015301

We have received your document for LANDSCAPE MANAGEMENT OF SOUTH FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 219A00021749

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		danagement of South Florida L	LC	
SOBIECT.		Name of Limite	ed Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	ndence concerning this matter to	o the following:	
		Veronica Burgos		
			Name of Person	
		Landscape Management of	South Florida LLC	
			Firm/Company	
		125 S State Rd. & Suite 104	4 # 316	
			Address	
		Wellington, FL 33414		
			City/State and Zip Code	
		amachado@landscapemanag		
		E-mail address: (to	o be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	N:	
Veronica B	urgos		561 543-3355	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 I	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:

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

			9
Landscape Management of South I			— <u>₹</u> ₹ π
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited L	iability Company w	ere filed on 01/25/2015	and assigned
Florida document number L15000015301	··		
This amendment is submitted to amend the following	owing:		JA 16
A. If amending name, enter the new name of	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	. <u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and registered agent and/or the new registered of	Ç,	ce address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	Veronica Burgos		
New Registered Office Address:	125 S State Rd 7		
		Enter Florida street address	
	Wellington	, Florida	a <u>33414</u>
		Ciru	Zin 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, Alguature 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>	Name	<u>Address</u>	Type of Action
MGR	Alfonso Machado	125 S State Rd 7 Suite 104 # 316	□ Add
		Wellington, FL 33414	D Add
		Wellington, FE 35414	■ Remove
			Change
			Add
			□ Remove
		·	Change
			Add
			□ Remove
			□ Change
			Add
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			Remove
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			□ Remove
			□ Chanve

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(If an et Note:	9/30/2019 tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	October 3014.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00