

215000031804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

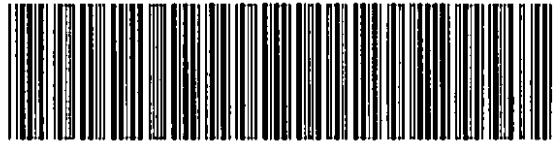
(Business Entity Name)

(Document Number)

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JUL 16 2020

07/24/20--01001--015 **JUL 00

2020 JUL 16 AM 7:28

2020 JUL 16

AUG 28 2020

S. YOUNG

GARCIA'S NURSERY AND LANDSCAPING LLC

21199 SW 392 ST
FLORIDA CITY, FL 33034

MINUTES

Today June 18, 2020 the Board of the Directors met to discuss the reorganization of the Company and has been decided, by mutual agreement, the following changes:

- Name Jesus Alberto Torres as the Managing Partner and General Manager of the Company.
- Name Rebeca Martinez as Treasurer
- Name Juan Garcia Lopez as Authorized Representative
- Name Juan Moreno Paredes as Authorized Representative
- Name Nancy Garcia as Authorized Representative

After discussion (having an approved quorum) of 100% present, the Board of Directors decided to approve this motion unanimously.

Jesus Alberto Torres
Managing Partner

Jesus Torres

Rebeca Martinez
Treasurer

Rebeca Martinez

Juan Garcia Lopez
Authorized Representative

JUAN GARCIA

Juan Moreno Paredes
Authorized Representative

Juan Moreno

Nancy Garcia
Authorized Representative

Nancy Garcia

The foregoing "minutes" was acknowledged before me this 06 day of July

20 20, by Jesus Alberto Torres, Rebeca Martinez, Juan Garcia Lopez and Juan Moreno Paredes, who I personally know.

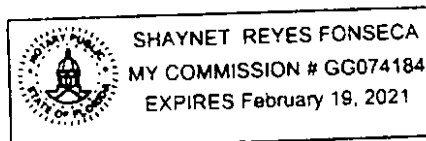
NOTARY PUBLIC

(Print)

Notary Public (Sign)

My Commission Expires:

[Signature]



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARCIA'S NURSERY 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:

JESUS ALBERTO TORRES

Name of Person

GARCIA'S NURSERY AND LANDSCAPING LLC

Firm/Company

21199 SW 392 ST

Address

FLORIDA CITY, FL 33034

City/State and Zip Code

nancymga09@gmail.com

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

For further information concerning this matter, please call:

JESUS ALBERTO TORRES

305

859-5062

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GARCIA'S NURSERY 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 02/19/2015 and assigned
Florida document number L15000031804

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: JESUS ALBERTO TORRES

New Registered Office Address: 21199 SW 392 ST

Enter Florida street address

FLORIDA CITY

Florida

33034

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JESUS ALBERTO TORRES	30401 SW 187TH CT	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
T	REBECA MARTINEZ	21199 SW 392 ST	<input type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JUAN GARCIA LOPEZ	21199 SW 392 ST	<input type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JUAN MORENO PAREDES	176 NW 15 ST	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NANCY GARCIA	21199 SW 392 ST	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 07/06/2020.

JUAN GARCIA
Signature of a member of authorized representative of a member

Juan Garcia
Typed or printed name of signee