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2015 JUL -6 P |: O( SECRETARY DE STATE

CAULO ! ZUE

## **COVER LETTER**

	egistration Sec ivision of Corp			
CUDIECT		ANDSCAPING LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	arn all correspon	dence concerning this matter t	to the following:	
		NORBELIS MEDINA	1	
			Name of Person	
			Firm/Company	
		5790 FOREST HILL BLV	TD .	
			Address	
		WEST PALM BEACH, FI	L 33415	
			City/State and Zip Code	
		NORBELUSA@HOTMAI	L.COM to be used for future annual report notific	ASECH SECH
For furthe	er information co	oncerning this matter, please of		HAS
NORBEI	LIS MEDINA		561 713-4919 at (	SEE. F
	Name of	f Person		Telephone Number ORIO
Enclosed	is a check for th	e following amount:		~
<b>\$25.</b> 0	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)
	Registr Divisio P.O. Bo	ing Address: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDINA LANDSCAPING LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)
he Articles of Organization for this Limited Liability Company we lorida document number L15000105079	ere filed on 06/16/2015 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabilit	y company here:
UPEY TRUCKING LLC	
ne new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7ALL
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	TIL-6 PI: 00 AHASSEE. FLORID
. If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:	> □
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida de serva dels
	Enter Florida street address

## 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

Florida

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> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change Add Remove Change \_\_\_ Add □ Remove ☐ Change \_□ Add □ Remove \_ Change

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Typed or printed name of signee

Filing Fee: \$25.00