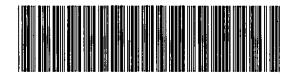
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(Red	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		CAPE & TREE SERVICE LL	С	
SOBJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JUAN VELASQUEZ ORT	TIZ	
			Name of Person	
		JV LANDSCAPE & TRE	E SERVICE LLC	
			Firm/Company	
		JV LANDSCAPE & TREE SERVICE LLC		
			Address	
		BONITA SPRINGS, FLO	RIDA 34135	
			•	
	• .	• •		· `
			·	cation)
For furth	her information co	oncerning this matter, please co	all:	
JUAN V	VELASQUEZ		239 301-9641	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

JV LADSCAPE & TREE SERVICE 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

07/16/2015

and assigned

Florida document number L15000122572

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JV LANDSCAPE LLC

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)

11381 DEAN STRET BONITA SPRINGS, FLORIDA 34135

P.O. BOX 366425

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

BONITA SPRINGS, FLORIDA 34136

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:

JUAN VELASQUEZ

New Registered Office Address:

11381 DEAN STREET

Enter Florida street address

BONITA SPRINGS

Florida 34135

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>	Name	Address	Type of Action
AMBR	EDWIN VELASQUEZ		
		7455 Mellon Rd Ft. Myers, FL 339	■ Remove
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			Add
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	09/09/2016		
ffective date, if other than the d an effective date is listed, the date must be	e specific and cannot be prior to dat	e of filing or more than 90 days after fil	ing.) Pursuant to 605.02
ote: If the date inserted in this bloc ocument's effective date on the Dep		statutory filing requirements, this di	ate will not be listed
		<i></i>	
e record specifies a delayed of The 90th day after the recor		effective time, at 12:01 a.r	n. on the earlier
SEPTEMBER 09	2016		
ated			
	~ Y		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00