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COVER LETTER

v. TO: Registration Section **Division of Corporations** JC COMPLETE LAWN SERVICES LLC SUBJECT: 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: JAIRO A. GARCIA LEMUS Name of Person JC COMPLETE LAWN SERVICES LLC Firm/Company 1411 BAKER DR Address LAKELAND, FL 33810 City/State and Zip Code jairojdm06@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAIRO A GARCIA LEMUS 612-6390 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed).

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

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC COMPLETE LAWN SERVICES LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.15000185088	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ny Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 SE TAL
(Principal office address MUST BE A STREET ADDRESS)		COM TO THE PERSON OF THE PERSO
		TANY OF THE PROPERTY OF THE PR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>en</u>	ter the name of the new registere
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	CARLOS E GARCIA	1411 BAKER DR.	
		LAKELAND, FL 33810	≡ Remove
AMBR	JAIRO A GARCIA LEMUS	1411 BAKER DR	□Add
		LAKELAND, FL 33810	□Remove
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ffective date, if other an effective date is listed.	r than the date (the date must be spe	of filing: cific and cannot	be prior to date	of filing or more	(op) than 90 days aft	l ional) er filing.) Pursu	ant to 605	5.0207
ocument's effective da	ed in this block do	es not meet th	e applicable st	itutory filing r	equirements, th	nis date will no	ot be list	ed as
betiment's effective da-	ic on the Departit	ent of State's	records.					
record specifies a delay	ed effective date.	but not an eff	ective time, at	12:01 a.m. on	the earlier of: ((b) The 90th	day afte	r the
l is filed.						• ,	•	
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Typed or printed name of signee