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## **COVER LETTER**

TO:

ΓΟ: Registration Division of C			
	andscape and Lake Services	lic	
SUBJECT:	Name of Limi	ted Liability Company	
,			
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Area Code  Daytime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Please return all corres	pondence concerning this matter	to the following:	
	David M. Nelson		
		Name of Person	
	Nelson Landscape and I	Lake Services IIc	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm/Company	
	3126 nealwood ave.		
		Address	
	Orlando fl 32806		
		City/State and Zip Code	
	_		
	E-mail address: (	to be used for future annual report no	tification)
For further informatio	n concerning this matter, please c	all:	
David Nelson			·
Nam	e of Person		me Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registratio Division o P.O. Box 6	n Section Corporations	Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

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

David Nelson Landscape and Lake Services lic				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on or	<u>ir records.</u> )	REAL PROPERTY.	77
The Articles of Organization for this Limited Liability Compan	y were filed on Decemb	er 23 2015	and assign	ned
Florida document number L15000212022			Maga 3	in
This amendment is submitted to amend the following:			7: 35	
A. If amending name, enter the new name of the limited lia	bility company here:		, , , , , ,	
David Nelson services and solutions llc				<u>-</u>
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designat	ion "LLC" or th	e abbreviation "L.L.C	J."
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 agent and/or the new registered office address here:	address on our record	s, <u>enter the n</u>	ame of the new !	<u>registered</u>
Name of New Registered Agent:		_		
New Registered Office Address:	Enter Florida stre	ect address	<u> </u>	
		, Florida		
<del></del>	City	, 1 101101	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			

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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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Note: 1	December 22,2015  The date, if other than the date of filing:  The 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) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
ord is file	
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	David Nelson
	Typed or printed name of signee