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(Re	equestor's Name)	
(Ad	dress)	
(Ad	(dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	gistration Sec ision of Corj *		,	. •
SUBJECT:	PEREZ G. I	ANDSCAPING LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		FIDEL GOMEZ PEREZ		
			Name of Person NG LLC Firm/Company Address DA 33460 City/State and Zip Code (to be used for future annual report notification) call:	
		PEREZ G. LANDSCAPIN	G LLC	
			Firm/Company	
		620 NORTH D STREET		
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
FIDEL G. P	EREZ			
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

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

Perez G. Landscaping LLC		
(Name of the Lin	nited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited		and assigned
Florida document number L16000021172	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
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 appl	icable: N/A	
(Principal office address MUST BE A STRE	(ET ADDRESS)	
Enter new mailing address, if applicable:		72.20 -11
(Mailing address MAY BE A POST OFFICE	<u></u>	2 F
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on our rec office address here:	cords, enter the name of the n
Name of New Registered Agent:	N/A	₹
New Registered Office Address:	F . F' . '	
	Enter Florida street a	iaaress
		_, Florida
	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>	Address	Type of Action
SEC	MARTHA FELIPE	620 N D STREET LAKE WORTH, FL 33460	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
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			D Add
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			Change
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fective date, if other than the date on effective date is listed, the date must be something of the date inserted in this block occurrent's effective date on the Department.	does not meet the applications	able statutory titing req	(optional) an 90 days after filing.) Purs uirements, this date will r	nuant to 605.020 not be listed as
record specifies a delayed ef The 90th day after the record	ective date, but no is filed.	t an effective time	, at 12:01 a.m. on t	he earlier c
OCTOBER 10th	2019	<u> </u>		
ited				
ated	nature of a member or auth			

Page 3 of 3

Filing Fee: \$25.00