

L16000021525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

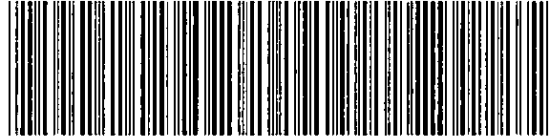
(Business Entity Name)

(Document Number)

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07/19/23--01014--019 **25.00

CLERK OF STATE
TALLAHASSEE, FL

2023 JUL 19 AM 11:54

FILED

WMS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUPERIOR LAWN SOLUTIONS 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 02/01/2016 and assigned Florida document number L16000021525.

This amendment is submitted to amend the following:

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

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)

1914 NORTH GALLOWAY ROAD

LAKE LAND, FL 33810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1914 NORTH GALLOWAY ROAD

LAKE LAND, FL 33810

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:

ALBERTO PASCUAL JUAN

New Registered Office Address:

1914 NORTH GALLOWAY ROAD

Enter Florida street address

LAKELAND

Florida 33810

Cin:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR LAWN SOLUTIONS LLC

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:

ALBERTO PASCUAL JUAN

Name of Person

SUPERIOR LAWN SOLUTIONS LLC

Firm/Company

1914 NORTH GALLOWAY ROAD

Address

LAKELAND, FL 33810

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO PASCUAL JUAN

863 797-5150
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE L VEGA	5535 BISHOP RD	<input type="checkbox"/> Add
		WIMAUMA, FL 33598	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERTO PASCUAL JUAN	1914 NORTH GALLOWAY ROAD	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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