

L16000057052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

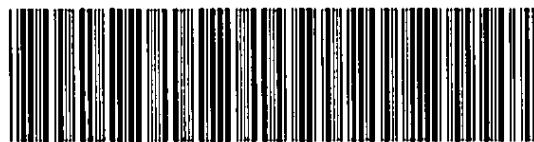
(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Add Co-Owner's Name
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:

Hector J Massini
Name of Person

Massini Lawn Service & Pressure Washing, LLC
Firm/Company

11816 Clair Place
Address

Clermont, Florida 34711
City/State and Zip Code

Massinilawn@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector J. Massini or Ivelisse Lopez at (352) 255-9739
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA

21 APR 26 AM 9: 57

Massini Lawn Service & Pressure Washing, 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 3/16/2016 and assigned
Florida document number L16000057052.

This amendment is submitted to amend the following:

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 applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

_____, **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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

(Signature)

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[Remove](#)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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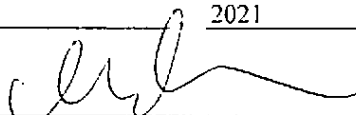
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 20, 2021



Signature of a member or authorized representative of a member

Hector J Massini

Typed or printed name of signer

Massini Lawn Service & Pressure Washing, LLC

Lawn Service Agreement

11816 Clair Place
Clermont, FL 34711
Ph: (352) 255-9739
Email: massinilawn@hotmail.com

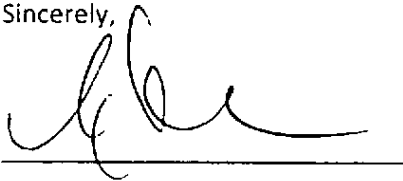
April 20, 2021

To Whom It May Concern:

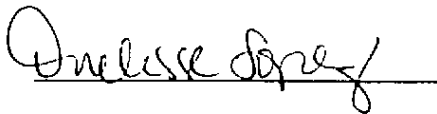
We are submitting this amendment to add the co-owner's name of the business. We enclosed 2 pages number 3, one with the title co-owner and one with the title of manager as we weren't sure which title is the correct one to be used.

Please feel free to contact us with any questions or if you need any additional information.

Sincerely,



Hector J. Massini, Owner



Ivelisse Lopez, Co-Owner