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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 10 AM 6:21

N COOPER

APR 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROTHERS LANDSCAPING SERVICES 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:

HECTOR HERNANDEZ

Name of Person

BROTHERS LANDSCAPING SERVICES LLC

Firm/Company

1807 MILLER BLVD

Address

FRUITLAND PARK, FL 34731

City/State and Zip Code

ARIAGNASILVA@YAHOO.COM

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

For further information concerning this matter, please call:

ARIAGNA SILVA ALVAREZ

407

745-8266

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

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>
MGRM	JOSE A LUNA CALDERON	36714 SKYCREST BLVD	<input checked="" type="checkbox"/> Add
		FRUITLAND PARK FL 34731	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALFONSO SALCEDA PEREZ	1010 EMERALD DR	<input checked="" type="checkbox"/> Add
		MOUNT DORA FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALBERTO VASQUEZ HERNANI	609 W CATAWBA ST	<input checked="" type="checkbox"/> Add
		FRUITLAND PARK FL 34731	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

18 APR 10 AM 6:21

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TALLAHASSEE, FLORIDA

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 MARCH 30, 2018

Signature of a member or authorized representative of a member

HECTOR HERNANDEZ

Typed or printed name of signee