11700000 75791

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000341509950

03/02/20--01029--032 **30.00

O SIMMO: MAR 21 2020

COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations		
SHD IFCT.	Land Prep &	kAg; LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Name of Limited Liability Company mendment and fec(s) are submitted for filing. ence concerning this matter to the following: Abel Comas Name of Person Land Prep & Ag , L. C. Firm/Company 17430 Balfour Ter Address Fort Myers, FL 33913 City/State and Zip Code amparoblanco@aol.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: 239		
Please return	all correspo	ndence concerning this matter	to the following:	
		Abel Comas		
			Name of Person	
		Land Prep & Ag LLC	L_	
		-	Firm/Company	
		17430 Balfour Ter		
			Address	
		Fort Myers, FL 33913		
			City/State and Zip Code	
			to be used for future annual report	notification)
For further ir	nformation c	oncerning this matter, please ca	all:	
Amparo Blai	nco		239 994-396	2
	enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Abel Comas Name of Person Land Prep & Ag , L L C Firm/Company 17430 Balfour Ter Address Fort Myers, FL 33913 City/State and Zip Code amparoblanco@aol.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: paro Blanco Name of Person 1239 124-3962 125-300 Filing Fee 12530.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Street Address:			
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
			<u>Street Addres</u> Registration	-
Div	_	orporations	Division of	Corporations of Tallahassee
	llahassee, l			nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Land Prep & Ag / L C	omnony as it now appears on our records \
(A Florida Lin	company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 4137117 and assigned
Florida document number <u>L 7000075791</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
ACE excavating and mulching , LLC	202
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17430 Balfour Ter
Principal office address MUST BE A STREET ADDRES	(S) Fort Myers, FL 33913
Enter new mailing address, if applicable:	same as principal
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new register</u>
igen and/or the new registered office address nere.	
Name of New Registered Agent:	•
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

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
	NIA		bbA⊡
			□Remove
			Change
			Remove 2020 History
			N Add
			□Change
			□Add
			□Remove
			Remove
			□Change
			□Add
		 	□Remove
			☐ Change

Page 2 of 3

			•										
										-			
				<u></u>									
													
										7.7)][
										<u> </u>	2020 MAR	- <u>- </u>	
											Í	*24:	
					_					•	2 14	: 	
										- 11		ر بوريد ريوب ب	
											ဍ		
								- - -					
-													•
				<u> </u>									-
		· · ·					<u>-</u>						-
			-	 .									
Y	date, if other we date is listed the date insent is effective d	l, the date mu ed in this b	ist be specifi lock does :	ic and car not mee	nnot be pri t the app	licable sta	of filing o	more that	1 90 day:		ng.) Pursi		
an effectiv ote: If tl							··	time	at 12:	01 a.m	n. on th	ne earli	er of
an effectivote: If the ocument'	d specifies Ith day aft				e, but i	not an e	ffective	. cirric,					
on effective ote: If the ocument's record The 90	d specifies	er the re	cord is fi	led. ; _	203								