000080647

(Requ	estor's Name)
(Addr	ess)
(Addr	ess)
(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busi	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ing Officer:
1092-62	Office Use Only



100327959231

04/13/19--01010--033 **25.00

MAY 0 7 2019

D CUSHING

COVER LETTER

то:	Registration Division of C	n Section Corporations	
SUBJE	CT: 5	Diandscaping Divices L.L.C. Name of Limited Liability Company	
The enc	dosed Articles o	are Amendment and fee(s) are submitted for filing.	
Please i	return all corres	spondence concerning this matter to the following:	
		Jill Morates Name of Person	
		Firm/Company	
		ZIY9 SVV Y7 AVR	
		City/State and Zip Code City/State and Zip Code	ahoo, com
For fur	ther information	on concerning this matter, please call:	
	Ji I Name	MORILES at 1 TS 2330SF Area Code Daytime Telephone Number	SEURET SYVISION (
Enclose	ed is a check for	or the following amount:	ARY CO
X 52:	5 00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy tadditional copy is enclosed: Certified Copy tadditional copy is enclosed:	OF STATE
	Regi Divi	MILING ADDRESS: STREET/COURIER ADDRESS: gispation Section Registration Section vision of Corporations Division of Corporations 0, Box 6327 Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



April 27, 2019

JILL MORALES 2149 SW 47 AVENUE FORT LAUDERDALE, FL 33317

Ref. Number L17000806047

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 419A00008482

www.sunbiz.org

Division of Commentions D.O. DOV (2027, W. U.).

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION (4)	
OF Sugar	
97	
The state of the s	٦.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	19
11/11/2012	n n
he Articles of Organization for this Elimited Elastitic Company were med on	S = = = = = = = = = = = = = = = = = = =
forida document number 17000080647	3. C.
his amendment is submitted to amend the following:	75
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"	
\mathcal{L}	
Enter new principal offices address, if applicable:	22
Principal office address MUST BE A STREET ADDRESS)	
Parl Man hot	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
the new management of the new	v
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:	-
registered agent alianof the new registered since and	_
SPANOR SPHOLUIT	
Name of New Registered Agent:	
New Reg stered Office Address: Enter Florita street address	
22377	
City Florida Jip Code	
l V	
New Registered Agent's Signature, if changing Registered Agent:	ρ
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	•
The Line of the solid and an above for all the province of the Charles of the Cha	
being filed to metely reflect a change in the registered office address. I hereby confirm that the annied harms,	
company has been notified in writing of this change.	
If Changing Registered Agent Signiture of Sep Registered Agent	
II admitted reference at the	

Page 1 of 3

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> **Title** Name MUMILS 2149 SWYTHE DAD ☐ Change ____ ⊔ Reinove _____ Change __□ Add _____ Remove _□ Add ☐ Remove ____ Change □ Remove _____ Change

If amending Author zed Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
_	
=	
-	
_	
-	
-	
_	
-	
-	
_	
-	
-	
Effect Han ef	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sent's effective date on the Department of State's records.
cocan	tell selective date on the Department of State spectrus.
he rei The	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	1901 le 32019
	Signature of a member of authorized representative of a member
	Till Morales
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00