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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nar	ne)
(Do	ocument Number)	
ertified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	·

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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

SUBJECT:	FOURNIE	R'S ELITE LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.	1 <u>r-</u>
Please return	all correspo	ondence concerning this matter	to the following:	> \$
		ALBERT J RODRIGUE	z	, γ
			Name of Person	
			Firm/Company	
		20255 SW 122 AVE		
			Address	·-
		MIAMI, FL 33177		
			City/State and Zip Code	
		creditrepair300@gmail.cor		
			to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please c	all:	
ALBERTJ	RODRIGUE	EZ	786 759-7621 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
≅ \$25.00 F	iling 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)
		ING ADDRESS:	STREET/COURING Registration Section	
		n of Corporations	Division of Corpora Clifton Building	

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

FOURNIER'S ELITE LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on 06/05/2017	and assigned
Florida document number L17000121868		. 7
	 `	<u>.</u>
his amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the lim	ited liability company here:	1
A General Lawn Service LLC		¥4
The new name must be distinguishable and contain the words "Lin	nited Liability Company "the designation "LLC".	or the abbreviation of 1 G.21
	med Daving Company, the designation 2000	`##'
Enter new principal offices address, if applicable:	- -	
Principal office address MUST BE A STREET ADDI	R F(\$C)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or regis	stered office address on our records,	enter the name of the
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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

Zip Code

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>	Address	Type of Action
VP	VARGAS, JOSE JORGE	12100 SW 218TH ST	
			
		GOULDS, FL 33170	
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ective date, if other than	the date of filing:	of filing or more than 90 days after	nal) filing.) Pursuant to 605.020
te: If the date inserted in thi	s block does not meet the applicable sta e Department of State's records.		
record specifies a dela he 90th day after the	yed effective date, but not an erecord is filed.	effective time, at 12:01 a	m. on the earlier o
October 1	2018		
·-	 , ,		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00