

L17000122713

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DIVISION OF CORPORATIONS  
18 APR -9 AM 10:31

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Millennium Sod and Landscaping 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:

Airianna Nunez Smith  
Name of Person

Millennium Sod and Landscaping  
Firm/Company

701 NE 3rd St  
Address

Okeechobee FL 34972  
City/State and Zip Code

anunez.msl@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Airianna Nunez Smith at (863) 801-1574  
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

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

Millennium Sod & Landscaping 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 6-5-17 and assigned  
Florida document number L17000122713

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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**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**

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>
AMBR	Anita Nunez	974 Marlin Dr.	<input type="checkbox"/> Add
		Jupiter FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alicia Nunez	2085 SE 4 <sup>th</sup> St.	<input checked="" type="checkbox"/> Add
		Okeechobee FL.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Airianna Nunez	701 NE 3 <sup>rd</sup> St	<input type="checkbox"/> Add
		Okeechobee FL.	<input type="checkbox"/> Remove
		Airianna Nunez Smith	<input checked="" 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

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[illegible]

**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.

Dated April 4<sup>th</sup>, 2018

Airi Smith  
Signature of a member or authorized representative of a member

Airianne Nunez Smith  
Typed or printed name of signee

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