L17000205433

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



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09/07/23--01014--021 **25.00



Office Use Only

0/ 9/22/2023

COVER LETTER

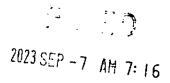
TO:

Registration Section

Div	ision of Cor	porations		
,	DEFENDE	R LANDSCAPE SERVICES I	LLC	
SUBJECT:		Name of Lim	ited Liability Company	<u>_</u> _
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JORGE BARRANTES		
			Name of Person	
		BJ NATIONWIDE SERV	ICES INC	
			Firm/Company	
		30420 S DIXIE HWY		
			Address	
		HOMESTEAD, FL 33030		
			City/State and Zip Code	
		AZOYTAX@BELLSOUTI E-mail address: (H.NET to be used for future annual repor	t notification)
For further i	nformation c	oncerning this matter, please c	all:	
JORGE BA	RRANTES		305 242-223	32
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		Street Addre Registration	
	vision of C D. Box 632	Corporations	Division of	Corporations of Tallahassee
	J. Box 032 Ilahassee, I			onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DEFENDER LANDSCAPE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ere filed on 10/04/2017	and assigned
Florida document number L17000205433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Comment the decimation will (""	the akhamistics of 1 C"
The new name must be distinguishable and contain the words. Entitled Liability	Company, the designation (1.1.C) of	the appreviation 13,13, C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the	name of the new registered
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address, Floric	laZip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	, Flori	laZip Code

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

• AM&R = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARIA ANDRADE	1415 NW 19 ST	□Add
		HOMESTEAD, FL 33030	■Remove
			□Change
		 	
			□Remove
-			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			OCha-un

Effective date, if other than the date of filing: (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 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
(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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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t the state of the
he 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 ord is filed.
Dated JULY 27th 2023
K. Audrade
Signature of a member or authorized representative of a member
ROLANDO ANDRADE

Filing Fee: \$25.00