117000201284

(Re	equestor's Name)	
(Ác	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200315856882

07/19/18--01010--025 **30.00

FILED SECRETARY OF STATE SECRETARY OF STATE

D BRUCE

COVER LETTER

SUBJECT: The Honest Experts Landscaping and Irrigation 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:			
Cheryl Martines Name of Person The Honest Experts Irrigations CLC	-		
12705 Chi hua hua Ct Address			
Thonotosasa F1 33592 City/State and Zip Code	-		
Hothersot Cyperts 1: 09 mail: (cm) E-mail address: (to be used joy future annual report notification)	SEC	2818	
For further information concerning this matter, please call:	AHAS	שלה ו	
Chery Martines at (813) 4/38 - 8509 Name of Person at (813) Daytime Telephone Number	SEE TLORID	9 94 4: 42	
Enclosed is a check for the following amount:	3.		
(additional copy is enclosed) Certified	ite of Stati		

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

(Name of the Limited Liability Company (A Florida Limited Liability Company)	O) My Caro Triggton LLC las it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number 417000207284	vere filed on Oct 6, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SECRE AHAS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE FLORID
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	CHEC I TO IMA SITE COMMITTED

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.

Cin

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
			Remove
			☐ Change
			□ Remove
			Change
<u>-</u>			Add
			□ Remove
			Change
			SECRETARY CREMOVE
			ORD Add
			= - · · · · · · · · · · · · · · · · · ·
			Change
			□ Add
			☐ Remove
			☐ Change

			_
•			
<u> </u>			
			_
			
			_
			_
	" 	B-3	
	D U (F)	2016	<u>-77</u>
	A A A A A A A A A A A A A A A A A A A		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	9
	FLO	. 	
	<u></u>	- -	_ <u>*</u> **
			_
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 somet: Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.			
ne record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.m. or	the ear	rlier of:
Dated July 16 . 2018. Chery Lyna July 19 . Signature of a member of authorized representative of a mem	nber		
Cheryl L. Martines Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00