

L17000239347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 30 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLAND LANDSCAPE SERVICES, 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:

ROSA ESTELA MORALES

Name of Person

AXIOM ACCOUNTING PA

Firm/Company

4951 TAMIAMI TRAIL NORTH SUITE 103

Address

NAPLES, FL 34103

City/State and Zip Code

EMORALES@AXIOMACCOUNTINGPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA ESTELA MORALES

239 2558126
at ()

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ISLAND LANDSCAPE SERVICES, 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 11/20/2017 and assigned
Florida document number L17000239347.

This amendment is submitted to amend the following:

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

N/A

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)

1287 BLUEBIRD AVENUE

MARCO ISLAND, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

AXIOM ACCOUNTING, PA

New Registered Office Address:

4951 TAMIAMI TRAIL N SUITE 103

Enter Florida street address

NAPLES

City

, Florida 34103

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAINA, MUTH	409 SAMAR AVE NAPLES, FL 34113	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN WHITLOW	1287 BLUEBIRD AVENUE MARCO ISLAND FL	<input type="checkbox"/> Add
		34145	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF THE
TALLAHASSEE, FL.

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SEATTLE
TALLAHASSEE, FL

(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 605.0207 (3)(b)

If the 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 record is filed.

Dated 8/7/20 at _____



Signature of a member or authorized representative of a member

HGR.

Typed or printed name of signee