

L17000244400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

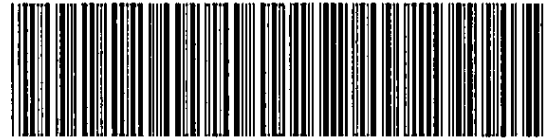
(Document Number)

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03/11/21--01016--012 **30.00

FILED
2021 MAR 11 A 8:13
S.C. Court of Appeals
S.C. Court of Appeals

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Off Road 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:

Edgardo Santiago - Caraballo
Name of Person

Off Road Landscaping LLC
Firm/Company

1172 SW Ackard Ave
Address

Port St Lucie, FL 34953
City/State and Zip Code

off-roadlandscaping@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgardo Santiago at (787) 949-0109
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 Address:

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

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2021 MAR 11 A 8:13

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

Off Road 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 _____ and assigned Florida document number 617000244400

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)

1172 SW Ackard Ave

Port St Lucie, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1172 SW Ackard Ave

Port St Lucie, FL 34953

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:

Edgardo Santiago-Caraballo

New Registered Office Address:

1172 SW Ackard Ave

Enter Florida street address

Port St Lucie, Florida

City

34953

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.

Edgardo Santiago

If Changing Registered Agent, Signature of New Registered Agent

FILED
MAR 13 2013
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. LUCIE, FLORIDA

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>
MGRM	Redro Perez	900 SW Abingdon Ave	<input type="checkbox"/> Add
		Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Edgardo Santiago-Caraballo	1172 SW Ackard Ave	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Teisel Vasquez	900 SW Abingdon Ave	<input type="checkbox"/> Add
		Port St Lucie, FL 34953	<input checked="" 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

2021 MAR 11 A 8:14
ALLAHADHILL FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

None

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2021 MAR 11 A 8:14
TALAMON
L. J. ORTIZ

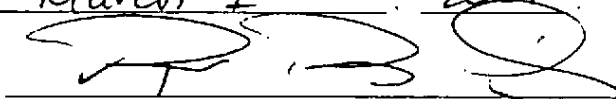
E. Effective date, if other than the date of filing: 03/01/2021 (optional)

(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)

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.

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 March 1 2021



Signature of a member or authorized representative of a member

Pedro Perez

Typed or printed name of signee