

L17000260032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 13 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

ARMESTO LAWN SERVICE LLC
JUAN CARLOS ARMESTO GONZALEZ
5272 17TH PL SW
NAPLES, FL 34116

SUBJECT: ARMESTO LAWN SERVICE LLC
Ref. Number: L17000260032

We have received your document for ARMESTO LAWN SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 918A00015229



2018 AUG 13 AM 11:56

2018 AUG 13 AM 11:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARNESTO LAWN SERVICE 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:

Juan Carlos ARNESTO Gonzalez

Name of Person

ARNESTO LAWN SERVICE LLC

Firm/Company

5272 17TH PL SW

Address

Naples / FL / 34116

City/State and Zip Code

arnestogonzalez@yahoo.es

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

For further information concerning this matter, please call:

Juan Carlos ARNESTO at (239) 465-7565

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)

Paid

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

ARMESTO LAWN SERVICE LLC

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

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18 AUG 13 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L17000260032.

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: _____

Juan Carlos ARMESTO Gonzalez

New Registered Office Address: _____

Enter Florida street address


_____, Florida _____

City

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	Juan Carlos Arnesto Gonzalez	5272 17TH PL SW NAPLES FL 34116	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	Juan Carlos Arnesto Gonzalez		<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 AUG 19 AM 7:10
STATE OF FLORIDA
TALLAHASSEE

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

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18 AUG 13 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 _____

Signature of a member or authorized representative of a member

Juan Carlos Arriesto Gonzalez
Typed or printed name of signer