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COVER LETTER

TO: Registration S Division of Co			
Lopez & F	Family Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Carmelo Nicolas-Lopez		
		Name of Person	
	Lopez & Family Enterprise	s,LLC	
		Firm/Company	
	3125 Citation Circle East, I	Lot 22	
		Address	
	Jacksonville, FL, 32250		
	landscapingfamilylopez@gr	City/State and Zip Code nail.com	
	E-mail address: (t	o be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	ll:	
Carmelo Nicolas-Lopez		904 250-6708 at ()	
Name o	of Person	Area Code Dayting	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, S Certificate of Status & Certified Copy (additional copy is efficiosed)

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

Lopez & Family Enterprises, LLC (Name of the Limited Liability Comparing (A Florida Limited L.)	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000000789	were filed on January 02, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:	3125 Citation Circle East, Lot 22	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32250	
er et koor if aanliechlet	3125 Citation Circle East, Lot 22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32250	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new register
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	7.10 Code 23
	City , Florida,	Zip Code 2
New Registered Agent's Signature, if changing Registered Agent		

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 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>	Address	Type of Action
AR	MARLENE LOPEZ	10687 ABBOT COVE DRIVE	
		JACKSONVILLE, FL 32225	= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		JACKSONVILLE, FL 32225	□Add
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fective date, if other than the da meffective date is listed, the date must be ote: If the date inserted in this block coment's effective date on the Depa	ate of filing: e specific and cannot be pro- c does not meet the app	dicable statutory film⊈ i	equirements, this dat	g.) Pursuant to 605 e will not be list	5.020 ted a
ecord specifies a delayed effective d	ate but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) T	يت he 90th day afte	er the
is filed.			` /		
rebruary 12	2024	<u> </u>		TASSET NATIONAL	
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CAA		athorized representative of	'a mamber		

Filing Fee: \$25.00