L18000009019

| (Requestor's Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| | Registration Se Division of Cor | | | 9 | · · · · · · | | |
| SUBJEC | LITTLE G | REEN LAWN & LANDSCAP | ING LLC | 2021 000 | | | |
| SUDJEC | , i ; <u></u> | Name of Lim | ited Liability Company | 2021 007 14 | AM 8:15 | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | | | |
| | | JORGE CARDONA | | | | | |
| | | <u></u> | Name of Person | | | | |
| | | LITTLE GREEN LAWN | & LADSCAPING LLC | | | | |
| | | | Firm/Company | · ·· ·· ·· | | | |
| | | 13834 RED MANGROVE | DR | | | | |
| | | | Address | | | | |
| | | ORLANDO FL 32828 | | | | | |
| • | | | City/State and Zip Code | | | | |
| | | | to be used for future annual report notifi | cation) | | | |
| For furth | er information o | oncerning this matter, please ca | all: | , | | | |
| JORGE | CARDONA | | at (407, 797- | .052Y | | | |
| = | Name o | f Person | Area Code Daytime | Telephone Number | | | |
| Enclosed | is a check for th | ю following amount: | | | | | |
| □ \$25.0 | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & | | |
| | Mailing Addres | | Street Address: Revisitation See | lion | | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | | | |

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Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2021

JORGE CARDONA 13834 RED MANGROVE DR ORLANDO, FL 32828

SUBJECT: LITTLE GREEN LAWN & LANDSCAPING LLC Ref. Number: L18000009019

We have received your document and blank check for LITTLE GREEM LAWN & LANDSCAPING LLC. However, your check and document is being returned for the following:

The check should be made payable to the Florida Department of State and completed in its entirety.

You failed to sign the form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 021A00025983

| ARTICLES OF A TO | MENDMENT GANIZATION |
|---|--|
| ARTICLES OF OR | GANIZATION |
| OF | |
| | A. A. A. |
| LITTLE GREEN LAWN & LANDSCAPING LLC | |
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Liab | is it now appears on our records.) |
| The Articles of Organization for this Limited Liability Company we | re filed on $\frac{01/10/2018}{2018}$ and assigned |
| Florida document number L18000009019 | |
| This amendment is submitted to amend the following: | Lightning and Irrigation LLC. |
| A. If amending name, enter the new name of the limited liability | company,here: |
| AVALON PARK LAND CAPE AND IRRIGATION LLC | |
| The new name must be distinguishable and contain the words "Limited Liability" | |
| Enter new principal offices address, if applicable: | 13834 Red Margrove D Orlando FL 32828 |
| | Octoria F1 22878 |
| (Principal office address MUST BE A STREET ADDRESS) | 0.14.130 40 3-000 |
| Enter new mailing address, if applicable: | 13834 Red Marginue P Orlando FL 32828 |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | ress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | y Red Marginale D |
| New Registered Office Address: 1383 | 4 Red Marguare D |
| Orla | Enter Florida street address 32878 |
| | Cinc Zin Cada |

| | Cuy |
|---|-----|
| 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 amending Authorized Person(s) authorized to managet 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> | Type of Action |
|--------------|---------------|---|----------------|
|) resident | Torge Cordona | 13834 Red Mangorie 12 | 🗌 Add |
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

N/A

| N/A | | | | | | . <u></u> | |
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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) <u>Note:</u> 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 _ | 11/12021 | |
|---------|--|----------|
| | Jorge Cardona | |
| | Signature of a member or authorized representative of a member | |
| | Typed printed name of signee | <u> </u> |