118000041799

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COVER LETTER

	Registration Se Division of Cor				
cup icz		TATE GARDENING AND LA	ANDSCAPE LLC		
Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
			Name of Person	<u> </u>	
			Firm/Company		
			Address		
			City/State and Zip Code		
		·	to be used for future annual report notifi	cation)	
For furth	Sucel Name o	Oncerning this matter, please ca	at (564) 541-6	382_ Telephone Number	
Enclosed	l is a check for th	e 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:

TO:

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

LOPEZ ESTATE GARDENING AND L		
(Name of the Limited Lie (A Fl	ability Company as it now appears on our records orida Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Florida document number L18000041799	ty Company were filed on 02/15/2018	and assigned
This amendment is submitted to amend the following	g:	
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:		R ∓
(Principal office address MUST BE A STREET AL	DDRESS)	22 SSR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		DOFF STATE ELORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Tight Registred Cities I (days).	Enter Florida street address	5
•	, Flo	orida
	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>	Address	Type of Action
AMBR	ERWIN NOE LOPEZ MORALES	156 BALWIND BLV	■ Add
-		GREENACRES, FL 33463	Remove
			Change
MGR	SUCELY LOPEZ	156 BALWIND BLV	
		GREENACRES, FL 33463	□ Remove
			Change
			□ Add
			☐ Remove
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			Add
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be prior to o does not meet the applicabl	date of filing or more than 90 c e statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605 ents, this date will not be liste	5.0207 ed as
record specifies a delayed e The 90th day after the record		n effective time, at 1	2:01 a.m. on the earlie	er o
ted MARCH 15	, 2018			
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Filing Fee: \$25.00