

118000055952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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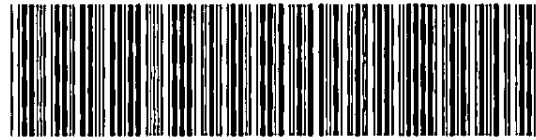
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEE LAWN CARE & 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:

EULALIO USCANGA DUARTE

Name of Person

BEE LAWN CARE & LANDSCAPING LLC

Firm/Company

950 INDIANA AVENUE

Address

FORT MYERS, FLORIDA 33919

City/State and Zip Code

wwwduarteveracruz@gmail.com

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

For further information concerning this matter, please call:

EULALIO USCANGA DUARTE

239 839-8579
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

BEE LAWN CARE & 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 03/02/2018 and assigned
Florida document number L18000055952.

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:

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

[illegible]

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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.

Dated AUGUST 11 2021

Emmy
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

EULALIO USCANGA DUARTE

Typed or printed name of signee

Filing Fee: \$25.00

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000055952

Entity Name: BEE LAWN CARE & LANDSCAPING LLC

Current Principal Place of Business:

950 INDIANA AVENUE
FORT MYERS, FL 33919

Current Mailing Address:

950 INDIANA AVENUE
FORT MYERS, FL 33919 US

FEI Number: 82-4719701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

USCANGA DUARTE, EULALIO
950 INDIANA AVENUE
FORT MYERS, FL 33919 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: USCANGA DUARTE EULALIO

04/10/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	USCANGA DUARTE, EULALIO	Name	DUARTE CARMONA, EDUARDO
Address	950 INDIANA AVENUE	Address	950 INDIANA AVENUE
City-State-Zip	FORT MYERS FL 33919	City-State-Zip	FORT MYERS FL 33919

I hereby certify that the information included on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, or that my name appears above or on an attachment with all other like empowered

SIGNATURE: USCANGA DUARTE EULALIO

MANAGER

04/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date