

JUN/04/2018/MON 11:28 AM

6/4/2018

P. 001

**LIB000056919**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HISPANUSA INC  
Account Number : 120070000099  
Phone : (954)478-2706  
Fax Number : (954)934-0334

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2018 JUN -4 PM 1:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MY FLORIDA LANDSCAPING SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MY FLORIDA LANDSCAPING SERVICES 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:

MARIA G CANSECO

Name of Person

REGISTER AGENT

Firm/Company

6204 SANTA CATALINA LOT 99

Address

WEST PALM BEACH FL 33415

City/State and Zip Code

info@hispanus.com

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

For further information concerning this matter, please call:

MARIA G. CANSECO

561

324-3033

at ( )

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)

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

2018 JUN 11 AM 11:26

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MY FLORIDA LANDSCAPING SERVICES 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 03/05/2018 and assigned Florida document number: L18000056919.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA G. CANSECO	6204 SANTA CATALINA	<input checked="" type="checkbox"/> Add
		LOT 99	<input type="checkbox"/> Remove
		WEST PAL BEACH FL 33415	<input type="checkbox"/> Change
MGR	JAVIER AGUIRRE	6204 SANTA CATALINA	<input type="checkbox"/> Add
		LOT 99	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH FL 33415	<input type="checkbox"/> Change
AMBR	FRANCISCO J. AGUIRRE	6204 SANTA CATALINA	<input checked="" type="checkbox"/> Add
		LOT 99	<input type="checkbox"/> Remove
		WEST PALM BEACH FL 33415	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

833  
A-11  
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E. Effective date, if other than the date of filing: 06/04/2018 (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.

(b) The 90th day after the record is filed.

Dated JUNE 4 2018

Maria G Conseco  
Signature of a member or authorized representative of a member

MARIA G. CANSECO

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Typed or printed name of signee