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MAY 23 2018

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	Carlos Lawn Care Services, LLC						
John Lett.		Name of Lim	ited Liability Company				
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	ı all correspo	ndence concerning this matter	to the following:				
		Carlos R Pastor Jimenez					
			Name of Person				
		Carlos Lawn Care Service	s, LLC				
			Firm/Company				
		2336 Treymore Dr.					
		•	Address				
		Orlando, FL 32825					
			City/State and Zip Code				
		carloslawncareservices@gr					
		E-mail address: (to be used for future annual report notif	ication)			
For further is	nformation co	oncerning this matter, please co	all:				
MARIE C. 0	COLON		407 765-6530				
	Name of	l Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	check for th	e following amount:					
□ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

CARLOS LAWN CARE SERVICES, LLC

(A Florida Limited L.	iability Company)	,				
The Articles of Organization for this Limited Liability Company $\frac{118000110115}{118000110115}$.	were filed on MAY 02, 2	2018 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	lity company here:					
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designatio	n "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		r.s.				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ecords, <u>enter the name of the new</u>				
Name of New Registered Agent:						
New Registered Office Address:						
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is				

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
OWNER	CARLOS R. PASTOR JIMENEZ	2336 TREYMORE DR. ORLAND	 Adđ
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
	 _		
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			
			Remove
			☐ Change

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n effecti	ve date is listed,	, the date must	he specific a	nd cannot be			than 90 days a equirements, 1	fter filing.) Purs		
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	d specifies)th day afte				t not an e	ffective tin	ne, at 12:0:	l a.m. on t	he earli	er c
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee