18000122660

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600315729556

07/16/18--01015--018 **25.00

FILED

18 AUG 16 AM 9:58

SEGRETAN GERTAGE
ALLANDAR EN ENTRE

7 ONS



July 23, 2018

BENITO SOCAS 4211 W WOODLAWN AVE, APT B TAMPA, FL 33614

SUBJECT: BENITO SOCAS TREE SERVICE LLC

Ref. Number: L18000122660

We have received your document for BENITO SOCAS TREE SERVICE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P17000084618.

if you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00015089

Octavia L Simmons Regulatory Specialist III

60

018 AUG 16 AM 10:37

COVER LETTER

TO:

Registration Section

Tallahassee, Fl. 32314

Div	ision of Cor	porations		
SUBJEZET.				
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BENITO SOCAS		
			Name of Person	
Firm/Company 4211 W WOODLAWN AVE APT B Address TAMPA, FL, 33614 City/State and Zip Code benitosocas@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILMAR ARISTIZABAL Name of Person Area Code Bat (Area Code) Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Ladditional copy is enclosed) Certificate Of Status Certified Copy Ladditional copy is enclosed)				
		4211 W WOODLAWN A		
		TAMPA, FL. 33614	Address	
			City/State and Zip Code	
		_	to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please c	all:	
WILMAR A	ARISTIZABA	AL.		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	îling Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ation Section n of Corporations	Registration Section Division of Corpor	on

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENITO SOCAS TREE SERVICE LLC

company has been notified in writing of this change.

_ and assigned
viation "L.L.C."
18
产 们
3, 7
, <u>-</u> 0
- 55 - 55
e name of th
Zip Code
Top Com

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	E B □ Add
		Add Refflove	
			FChange 58
			్లా దం
			□ Remove
			Change
			Add
		-	☐ Remove
			☐ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The second secon
	<u></u>
	<u> </u>
E CCo	esting data if other than the date of filing: (antional)
Note	ctive date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.
Date	AUGUST 13TH 2018
	Benito Sacas Signature of a member or authorized representative of a member
	Signature of a member or authorized corresponding of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00