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(Reque	estor's Name)	
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Certified Copies	Certificate	es of Status
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2022 HAY 23 PM 4: 23 SECRETARY OF STATE

THAY 23 PM 4:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Eagle View Lawn Care</u> , LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Edgar Lorenzo Valle Name of Person
Name of Person
<u>Eagle View Lawn Care, LLC</u>
Firm/Company
1101 Bush Street E
101 Bush Street E
Immalesta Fl 34147
mmokalee, FL 34142 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgar lorenzo Valle at (239) 272-3518 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

Oi	
Hamelia Landsca	2022 MAY 23 PM 4: 25
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records. DECKETARY OF STATE
·	IALCARASSECTE
The Articles of Organization for this Limited Liability Company v	vere filed on May 29, 2018 and assigned
Florida document number <u> </u>	O .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
^ `	
The new name must be distinguishable and contain the words "Limited Liability	y 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 ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Qt	
Name of New Registered Agent: Colgon	Lorenzo Valle
New Registered Office Address: 1101 B	ush ST E
	Enter Florida street address
Immoke	Lee Florida 34142
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

or removed from our records: MGR = Manager AMBR = Authorized Member						
<u>`itle</u>	Name	Address	Type of Action			
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C. Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date.)	d in this block does no	and cannot be prior to to of meet the applicabl	iate of firing or more th	an 90 days aner minj	g.) Pursuant to	605.02 listed	207 (3) as the
	ed effective date, but r	not an effective time	, at 12:01 a.m. on the	e earlier of: (b) T	he 90th day	after tl	ie
f the record specifies a delayer ecord is filed.							
	g Ghu	2922	Valle ed representative of a r			_	

Filing Fee: \$25.00