

118000201873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

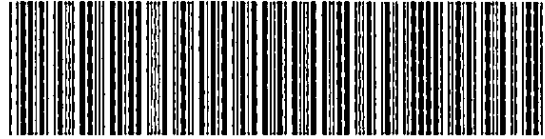
(Business Entity Name)

(Document Number)

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2019 FEB 14 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FL

P WHITE  
FEB 19 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Picture Perfect Lawn Care and Maintenance 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:

Josue Mendez  
Name of Person

Picture perfect lawn care and Maintenance LLC  
Firm/Company

3736 Pearl St  
Address

Fort Myers, FL 33916  
City/State and Zip Code

pictureperfectlawncarellc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josue Mendez at ( 239 ) 234-7869  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                  |   |  |  |
|------------------|---|--|--|
| 25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Picture Perfect Lawn Care and Maintenance 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 08/21/2018 and assigned  
Florida document number L18000201873

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)

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:

Israel Mendez

New Registered Office Address:

1825 Linhart Ave Lot #55

Enter Florida street address

Fort Myers  
City

Florida

33901  
Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
led to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
y has been notified in writing of this change.

Signature of New Registered Agent

to manage, enter the title, name, and address of each person being added

records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Josue Mendez	3736 Pearl St	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Israel Mendez	1825 Linhart Ave lot 55	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

# EIN # 83-1685515

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

JOSUE MENDEZ

Typed or printed name of signee