

118000243255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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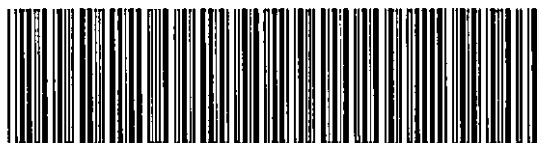
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PALACIOS LANDSCAPING, 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:

GERMAN PALACIOS

Name of Person

PALACIOS LANDSCAPING, LLC

Firm/Company

140 SHERYL DRIVE

Address

DELTONA, FL ~~32725~~ 32738

City/State and Zip Code

palacioslandscap@gmail.com

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

For further information concerning this matter, please call:

JESSICA PALACIOS

407 223-3568

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

18 OCT 31 AM 12:45
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Page 1 of 3

18 OCT 1964
ALLIANCE
FLORIDA

14 OCT 31 AH 12:47

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated OCTOBER 26TH, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee