U18000245120

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000322710 3)))

H180003227103ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASAP ACCOUNTING SERVICES INC
Account Number : I20180000009
Phone : (239)352-4099
Fax Number : (239)919-8333

FILED
2018 NOV -8 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## LEAL & FAMILIA LANDSCAPING LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | $60.00 |

T. CLINE
NOV - 9 2018
EXAMINER

2018 NOV -8 PM 4:19

Electronic Filing Menu Corporate Filing Menu Help

November 8, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEAL & FAMILIA LANDSCAPING LLC
2993 EDISON AVE
FORT MYERS, FL 33916

SUBJECT: LEAL & FAMILIA LANDSCAPING LLC
REF: L18000245120

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H18000319337
Letter Number: 518A00023048

FILED
2018 NOV -8 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** LEAL & FAMILIA 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:

CARLOS MOLINA LEAL
Name of Person

LEAL & FAMILIA LANDSCAPING LLC
Firm/Company

2993 EDISON AVE
Address

FORT MYERS, FLORIDA, 33916
City/State and Zip Code

grbookkeeping15@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS MOLINA LEAL at (239) 603-1459
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)

FILED
2018 NOV -8 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

LEAL & FAMILIA LANDSCAPING 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 FLORIDA and assigned Florida document number L18000245120

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LEAL & FAMILY LANDSCAPING LLC

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)***

FILED
2018 NOV -8 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**B. 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:

New Registered Office Address:

*Enter Florida street address*

*City*, **Florida** *Zip Code*

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

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

**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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

2018 NOV -8 AM 9:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

2018 NOV -8 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

**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.

If 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 NOVEMBER 5, 2018

Signature of a member or authorized representative of a member

CARLOS MOLINA LEAL

Typed or printed name of signee



**Filing Fee: $25.00**