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|                      | (Requestor's Name)       | -      |
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| PICK-UF              | P WAIT                   | MAIL   |
|                      | (Business Entity Name)   |        |
|                      | (Document Number)        |        |
| Certified Copies     | Certificates of 5        | Status |
| Special Instructions | to Filing Officer:       | -      |
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Office Use Only



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Return Address'. Rudy Mendoza's Gardens U.C. 3506 Seminolo Ave

Naplos FI, 34112.

Contact # - 239-273 2584 239-692 6281

## **COVER LETTER**

| SUBJECT:      | Rudy Mende      | oza's Gardens LLC                            |   |  |
|---------------|-----------------|--|---|--|
| SUBJECT:      |                 | Name of Limi                                 | ted Liability Company   | · ·  |
| The enclosed  | I Articles of z | Amendment and fee(s) are sub-                | nitted for filing.  |  |
| Please return | i all correspoi | ndence concerning this matter (              | to the following:   |  |
|               |                 | Rudy Mendoza                                 |   |  |
|               |                 | Rudy Mendoza's Gardens                       | Name of Person  |  |
|               |                 | 3506 Seminole Ave                            | FimyCompany   |  |
|               |                 | Naples FL 34112                              | Address   |  |
|               |                 | sanchezamn@gmail.com                         | City/State and Zip Code   |  |
| For further i | nformation co   | E-mail address: ()                           | to be used for future annual report notifi                          | ication)   |
| Rudy Mend     | oza             |  | 239 692-6281  |  |
|               | Name o          | f Person                                     | Area Code Daytime   | : Telephone Number   |
| Enclosed is   | a check for th  | ne following amount:                         |   |  |
| □ \$25.00 l   | 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) |

 ${\bf MAILING~ADDRESS:}$ 

TO:

Registration Section Division of Corporations

> 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

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

Rudy Mendoza's Gardens LLC

2019 JAN -7 AM 11: 15

|   |  | ALTAHASSES, FITE                               |
|---|--|--|
| he Articles of Organization for this Limited  | Liability Company were filed on $\frac{12/03}{}$ |  |
| lorida document number L18000280815   | ·  |  |
| his amendment is submitted to amend the fo  | ollowing:  |  |
| a. If amending name, enter the new name   | of the limited liability company here            | <i>:</i>                                       |
| he new name must be distinguishable and contain th                                  | e words "Limited Liability Company," the desi    | gnation "LLC" or the abbreviation "L.L.C."     |
| enter new principal offices address, if app   | licable:   | V  |
| Principal office address MUST BE A STRI   | EET ADDRESS)                                     |  |
| Inter new mailing address, if applicable:   |  |  |
| <u>Mailing address MAY BE A POST OFFIC</u>  | <u> </u>   |  |
|   |  |  |
| 3. If amending the registered agent ar<br>egistered agent and/or the new registered | ζ,   | our records, enter the name of the             |
|   | Amanda Mendoza                                   |  |
| Name of New Registered Agent:   | Amanda Mendoza                                   |  |
| Name of New Registered Agent: New Registered Office Address:                        | 3506 Seminole Ave                                |  |
|   | 3506 Seminole Ave                                | ı street address<br>, Florida <sup>34112</sup> |

## 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

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                       | Type of Action |
|--------------|----------------|--------------------------------------|----------------|
| MGR          | Rudy Mendoza   | 3506 Seminole Ave Naples FL<br>34112 | <b>B</b> Add   |
|              |                |                                      |                |
|              |                |                                      | Change         |
| MGR          | Amanda Mendoza | 3506 Seminole Ave Naples FL<br>34112 |                |
|              |                |                                      | ■ Remove       |
|              |                |                                      | Change         |
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| ffecti | ve date, if other than the date of filing:  |
| ote:   | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
|        | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.  |
| ated   | ··  |
|        | Audy Mendoza.  Signature of a member or authorized representative of a member   |
|        |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00