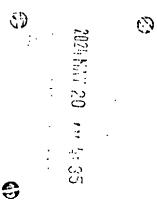
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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(67,70000,21,0000,7)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Coatton Contract Cont
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
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LOST DO MISSING to dr.
()
Office Use Only



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04/18/24--01012--004 **60.00





May 2, 2024

HUMBERTO JAVIER HERNANDEZ 2117 US HWY 98 WEST FROSTPROOF, FL 33843

SUBJECT: RIDE MOW COWBOYS. COMERCIAL LAWNSCAPING AND PALM

TREE SERVICE LLC

Ref. Number: L18000281619

We have received your document for RIDE MOW COWBOYS. COMERCIAL LAWNSCAPING AND PALM TREE SERVICE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All pages are required. Page 3 of the document is missing. Please find enclosed the missing page and complete section E.

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) 245-6000.

Rebekah White Regulatory Specialist III

(C)

Letter Number: 724A00009538

COVER LETTER

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Humberto Javier Hernande	z Torres	
		Name of Person	
		Firm/Company	- 1
	2117 US Highway 98W		
		Address	
	Frostproof Fl	C'. (C.)	
	ridemowcowboys@hotmail.	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Humberto Javier Hernand	dez Torres	813 7356064 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

Ride Mow Cowboys. Comercial lawnscaping and palm Tree service 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 April 08 of 2024 and assigned Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ride Mow Cowbovs, Lawn, Palm & Tree Service LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 . Florida _

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

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ctive date, if other than the date of filing effective date is listed, the date must be specific and e: If the date inserted in this block does not manent's effective date on the Department of St	cannot be prior to dat eet the applicable	te of filing or more than statutory filing requir	(optional) 00 days after filing.) Purse ements, this date will r	nant to 605.0207 (3)(b) not be listed as the
cord specifies a delayed effective date, but not a	an effective time, a	at 12:01 a.m. on the e	arlier of: (b) The 90th	n day after the
	0 00 4	,		
April 08	7077	I		
•)	R		

Filing Fee: \$25.00