

L 18000281619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2024 MAY 20 11:43:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

Letter Number: 724A00009538

VEL  
5-1-21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ride Mow Cowboys. Comercial lawngscaping and palm tree service 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:

Humberto Javier Hernandez Torres

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2117 US Highway 98W

\_\_\_\_\_  
Address

Frostproof Fl

\_\_\_\_\_  
City/State and Zip Code

ridemowcowboys@hotmail.com

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

For further information concerning this matter, please call:

Humberto Javier Hernandez Torres

813

7356064

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 Address:**

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 lawnscaaping 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 Cowboys. Lawn, Palm & Tree Service 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)**

**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

*City*

*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**

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

[illegible]

**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 April 08, 2024

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member  
**Humberto Javier Hernández Torres**  
 Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**