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Name Change

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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	<u></u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	VIERA, MARCOS E				
		Name of Person			
	1011 NW 45TH STREET	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	FORT LAUDERDALE, F	Address L 33309			
	Illuminate	City/State and Zip Code 28 990		10 S	1
For further information c	E-mail address: (to be used for future annual report notifi all:	ication)		1.15 1.15 1.15 1.15 1.15 1.15 1.15 1.15
MARCOS VIERA Name o	f Person	at (<u>959</u>) <u>980-</u> Area Code Daytime	Y180 Telephone Number	5: 33	CTATE
Enclosed is a check for the	he 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 F Certificate of S Certified Copy (additional copy is	Status &	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

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

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>01/14/2019</u>	and assigned
Florida document number <u>1.19000012293</u>		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
LLUMINATE LAWN & TREE SERVICE, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
		= = = = = = = = = = = = = = = = = = = =
		五 (A)
Enter new mailing address, if applicable:		30 (3)
Mailing address MAY BE A POST OFFICE BOX)		ار این از است. مرابع این است.
		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		nter the name of the
Name of New Registered Agent:	 	
New Registered Office Address:		
_	Emer Florida street address	
	, Floric	
	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. Thereby 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 add or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			Remove
			☐ Change
			□ Remove
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		<u></u>	□ Remove
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
	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.
Dated	2/20/19 Mar Cos E. VICC Signature of a member or authorized representative of a member
	Marcos E VICIO. Signature of a member or authorized representative of a member
	Marco S. Viera. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00