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COVER LETTER

TO: Registration So Division of Con				
	ATE LAWN & TREE SERVIO	CE, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARCOS VIERA			
		Name of Person		
	ILLUMINATE LAWN &	TREE SERVICE, LLC		
		Firm/Company		
	1011 NW 45TH STREET			
		Address		
	FORT LAUDERDALE F	TL 33309		
		City/State and Zip Code		
	Tax@AlternateTax.com	to be used for future annual report not	147	
For further information of	oncerning this matter, please c	·	inication)	
JORDANA CHEING		305 3516480		
Name o	d Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILLUMINATE LAWN & TREE S	SERVICE, LLC		
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L19000012293	• •	filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
ELEMENTS LAWN & TREE SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		~·
			7020 MAR
			MAR
Enter new mailing address, if applicable:			10 E
Mailing address MAY BE A POST OFFICE	E BOX)		6 - o [5]
			F 2
			7 2
B. If amending the registered agent and/or agent and/or the new registered office address.		s on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	ALTERNATE TAX		
New Registered Office Address:	4441 COCONUT CRI	EEK BLVD	
-		Enter Florida street address	
	COCONUT CREEK	121 ? .:	33066

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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than le statutory filing requi	(optional) 190 days after filing.) Pursuant to rements, this date will not be	605.02 listed
ecord specifies a delayed one 90th day after the recor		an effective time, a	at 12:01 a.m. on the ea	arlier (
d MARCH 10	2020			
And	5			
S	ignature of a member or authoriz	ed representative of a me	mber	•