

L190000 16131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

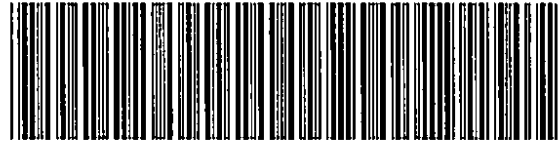
(Business Entity Name)

(Document Number)

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2019 FEB -6 PM 4:48

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

FEB 12 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OVER THE HEDGE LAWN AND LANDSCAPING, 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:

Adonis Gomez Sarabando

Name of Person

OVER THE HEDGE LAWN AND LANDSCAPING, LLC

Firm/Company

304 SW Tomoka Springs Drive

Address

PORT SAINT LUCIE, FL 34986

City/State and Zip Code

OTHLAWNS@gmail.com

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

For further information concerning this matter, please call:

Adonis Gomez Sarabando 772 940-7235

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 FEB -6 PM 4:48

OVER THE HEDGE LAWN AND LANDSCAPING, LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 15, 2019 and assigned
Florida document number L19000016131.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: Felisbela Hollis

New Registered Office Address: 304 SW Tomoka Springs Drive
Enter Florida street address

Port St. Lucie, Florida 34986
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

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>	<u>Type of Action</u>
MGR	Adonis Gomez Sarabando	304 SW Tomoka Springs Drive Port Saint Lucie, FL 34986	<input checked="" type="checkbox"/> Add
		Felisbela Hollis 304 SW Tomoka Springs Drive	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

ARTICLE IV : REGISTERED AGENT SHOULD BE:

Felisbela Hollis

304 SW Tomoka Springs Dr. Port St. Lucie, FL 34986

ARTICLE V: Authorized to Manage is:

Adonis Gomez Sarabando

304 SW Tomoka Springs, Dr. Port St. Lucie FL 34986

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.

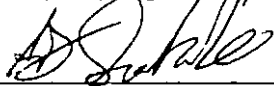
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

11/29/19

2019



Signature of a member or authorized representative of a member

Adonis Gomez Sarabando

Typed or printed name of signee