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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| 2410 41 00 | NDSCAPE SERVICES LLC | | |
| SUBJECT: | Name of Lim | nted Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mined for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | ARMANDO CHARREZ O | TRUZ | |
| | | Name of Person | |
| | CRUZ LANDSCAPE SER | RVICES LLC | |
| | | Firm/Company | <u> </u> |
| | 310 S BETTY LN | | |
| | | Address | |
| | CLEARWATER, FL 3375 | 66 | |
| | cruzlandscapeservices@gm | City/State and Zip Code ail.com | |
| | E-mail address: (| to be used for future annual report note | fication) |
| For further information | concerning this matter, please c | afl: | |
| Erika Escamilla | | 727 643-2138 | |
| Name | of Person | at () | e 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) |
| Regis | JNG ADDRESS: tration Section ion of Corporations | STREET/COURT Registration Section Division of Corpor | n |

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florid | lity Company as it now appears on our records la Limited Liability Company) | <u>u</u>) |
|--|---|------------------------------|
| The Articles of Organization for this Limited Liability C | Company were filed on 02/05/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | mited Lightlity Company "the devicenation "LLC" | "or the abbreviation "let C" |
| the field man be distinguishable and committee words. Lin | and the my company, are attaignation the | 1-2 |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | RESS) | 73 73 |
| | | <u> </u> |
| | | 72: |
| Enter new mailing address, if applicable: | | |
| | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| D. If we are the manistered against and/on wari | internal office address are one seconds | antar the name of the v |
| B. If amending the registered agent and/or regiregistered agent and/or the new registered office add | | s, emer the name of the r |
| | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street addres | |
| | | orida |

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|--|----------------|
| AMBR | ARMANDO CHARREZ CRUZ | 310 S BETTY LN CLEARWATER, FL 33756 | = Add |
| | | | Remove |
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| ective date, if other than the effective date is listed, the date in | ne date of filing: ust be specific and cannot be prior to date | of filing or more than 90 days after | ional) r filing.) Pursuant to 6 | 05.026 |
| ote: If the date inserted in this | block does not meet the applicable st | atutory filing requirements, th | is date will not be li | sted : |
| coment's effective date on the | Department of State's records. | | | |
| record specifies a delaye | ed effective date, but not an e | effective time, at 12:01 | a.m. on the ear | lier |
| The 90th day after the re | cord is filed. | | | |
| H D N 25 | 2019 | | | |
| red | | | | |
| | , | | | |
| | Signature of a member or authorized r | | | |

Page 3 of 3

Filing Fee: \$25.00