

L19000048777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

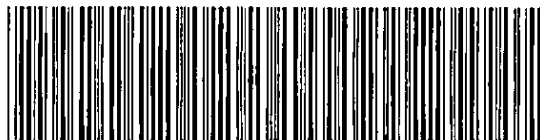
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 31 AM 9:21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDWARD THOMPSON LAWN CARE, 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:

EDWARD THOMPSON

Name of Person

EDWARD THOMPSON LAWN CARE,LLC

Firm/Company

35425 SW 188TH AVENUE

Address

HOMESTEAD, FLORIDA 33034

City/State and Zip Code

thompsonthompson5541@gmail.com

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

For further information concerning this matter, please call:

EDWARD THOMPSON

786 232-7004
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 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**

EDWARD THOMPSON LAWN CARE 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 02/21/2019 and assigned
Florida document number L19000048777.

This amendment is submitted to amend the following:

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

~~VERDANT VISIONS LANDSCAPING LLC~~ VISIONS OF VERONICA LANDSCAPING, 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)

18641 SW 105TH PLACE #43

CUTLER BAY, FLORIDA 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18641 SW 105TH PLACE #43

CUTLER BAY, FLORIDA 33157

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: NICOLE DORMEUS

New Registered Office Address: 18641 SW 105TH PLACE #43

Enter Florida street address

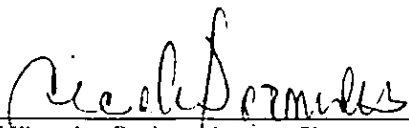
CUTLER BAY, Florida 33157

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	EDWARD THOMPSON	10880 SW 188TH AVENUE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE DORMEUS	18641 SW 105TH PLACE #43	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FLORIDA 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	APRIL JOHNSON	15600 SW 288TH STREET	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LATASHA HOWARD	18641 SW 105TH PLACE #43	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FLORIDA 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

07/30/2024

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.

Dated JULY 30 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee