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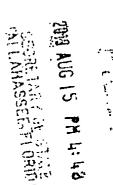
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	No 5 A
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	.
	GREEN LIFE LAWN CA	RE & TREE SERVICE, LCC LL	-C
		Firm/Company	
	10612 ABERNATHY ST		
		Address	
	BONITA SPRINGS, FLO	RIDA 34135	
	modestomarcos29@icloud.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please co	all:	
MODESTO MARCOS I	PEDRO RAYMUNDO	239 258-8823	
Name o	of Person		e Telephone Number
Enclosed is a check for t	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

GREEN LIFE LAWN CARE & TREE SERVICE, LCC

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

The state of the s

The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{04/30}{}$	and assigned.
Florida document number L19000116530		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of (the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered offi	• •	ir records, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	- Linear
	Enter Piorida	street auaress
	City	Florida
New Registered Agent's Signature, if changing Re	•	ny. Con

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MODESTO MARCOS	10612 ABERNATHY ST BONITA SPRINGS, FL 34135	
			☐ Remove
			E Change
MGR	MODESTO MARCOS PEDRO RAYMUNDO	10612 ABERNATHY ST BONITA SPRINGS, FL 34135	
			□ Remove
			☐ Change
			Add
		····	Remove
		☐ Change	
			Add
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		08/07/2019			
ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	late of filing: be specific and ca k does not mee	nnot be prior to	date of filing or mor e statutory filing	(options c than 90 days after fili requirements, this da	ing.) Pursuant to 605.0207
e record specifies a delayed The 90th day after the reco		e, but not a	an effective tir	ne, at 12:01 a.n	1. on the earlier of
ated AUGUST 07		2019			
	alut ets	Alt			
	ignature of a mer	nber or authoriz	ed representative of	a member	

Page 3 of 3

Filing Fee: \$25.00