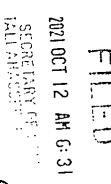
## 

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | idress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         | 16                 | 13/15/14    |





10/12/21--01025--012 \*\*30.00



## **COVER LETTER**

TO:

| =   |   |                                       |                          |  |
|---|---|---------------------------------------|--------------------------|--|
| SURFECT: Car  | pote's Landso   | aping u                               | C.                       |  |
|   | Name of Lim   | ited Liability Company                | <del></del>              | <del></del>                            |
| The anglaced Articles of  | Amondment and foots) are sub-   | amitted for filing                    |                          |  |
|   |   |                                       |                          |  |
| riease return an correspo   | ondence concerning this matter  | to the following:                     |                          |  |
|   | 06  | valdo Capa                            | ole.                     |  |
|   |   | Name of Person                        |                          |  |
|   | Seed Articles of Amendment and fee(s) are submitted for filing.  arm all correspondence concerning this matter to the following:    OSUAL O Capule   Name of Person |                                       |                          |  |
| SUBJECT: Capole's Landscaping CLC.  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  OBUGICO Capole:  Name of Person  Firm/Company  351 Obvorus del Holl Jacob  Firm/Company  351 Obvorus del Holl Jacob  City/State and Zip Code  Firm/Company  Address  Lake lawed. FL 33809.  City/State and Zip Code  Firm/Company  The further information concerning this matter, please call:  OSVALDO CAPOTE  Name of Person  Street Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee |   |                                       |                          |  |
|   |   |                                       | Address                  |  |
|   | 1 all along   | 0 F1 33                               | 3809.                    |  |
|   | <u> </u>  | City/State and Zip Coo                | de                       | <del> </del>                           |
|   |   |                                       |                          |  |
|   | E-mail address: (   | to be used for future annu            | ial report notification) | <del></del>                            |
| For further information c   | concerning this matter, please c  | all:                                  |                          |  |
| OSVALDO CAPOTE  |   | 863                                   | 6610203                  | 3                                      |
| Name o  | t Person  | Area Code                             | Daytime Telephone        | Number                                 |
|   |   |                                       |                          |  |
| Enclosed is a check for the   | he following amount:  |                                       |                          |  |
| □ \$25.00 Filing Fee  | =   | Certified Copy                        | enclosed) (              | Certificate of Status & Certified Copy |
|   |   | · · · · · · · · · · · · · · · · · · · |                          |  |
| •   |   | -                                     |                          |  |
|   | •   |                                       | -                        |  |
| Tallahassee,  | FL 32314  | 2415                                  | N. Monroe Street, S      | Suite 810                              |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

## OF CAROLE'S Landscaping WHOED 2021 OCT 12 AM 6:3

| Capore 5 Co  | an escaperity ve  | DY OF                | agente de la companya |
|--|---|----------------------|---|
| ( <u>Name of the Limited Lia</u><br>(A Flo   | bility Company as it now apperior a Limited Liability Company | ars on our records:) | TALLASSET   |
| The Articles of Organization for this Limited Liabilit   | y Company were filed on _                                     | 05-01- Fe            | off and assigned  |
| Florida document number <u>L19000011783</u>  | <u>21                                    </u>                 |                      |   |
| This amendment is submitted to amend the following   | Ç   |                      |   |
| A. If amending name, enter the new name of the   | limited liability company l                                   | <u>nere</u> :        |   |
| The new name must be distinguishable and contain the words "   | nent & Service  | es LCC.              |   |
| The new name must be distinguishable and contain the words "   | Limited Liability Company," the                               | designation "LLC" o  | or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |   |                      | <del></del>   |
| (Principal office address MUST BE A STREET AL  | ODRESS)   |                      |   |
|  |   |                      | <del></del>   |
|  |   |                      |   |
| Enter new mailing address, if applicable:  |   |                      |   |
| (Mailing address MAY BE A POST OFFICE BOX  |   |                      |   |
|  |   |                      |   |
|  |   |                      |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her |   | records, enter th    | e name of the new register  |
|  | _   |                      |   |
| Name of New Registered Agent:  |   |                      |   |
| Nov. Danistanal Office Additions   |   |                      |   |
| New Registered Office Address:   | Enter Fl  | orida street address |   |
|  |   | F21                  |   |
|  |   | riari                | ida<br>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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| n effecti<br><u>ste:</u> Hi | date, if other than the date of filing: 10/07/3031 (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records. |
| cord s                      | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| ed                          | ochober 07 9031   |
|                             |   |
|                             | Signature of a member or authorized representative of a member  |