## L19000121620

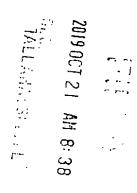
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Certified Copies	Certificate	s of Status
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
	LANDSCAPE LLC	•	
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
	Amendment and fee(s) are subm		
Please return all correspor	JOSE R. TORRES	o the following.	
	J.J. TORRES LANDSCAPI	Name of Person	
	790 NW 18TH ST	Firm/Company	
	HOMESTEAD, FL 33030	Address	
For further information co	·		notification)
JOSE R. TORRES	Firm/Company  790 NW 18TH ST  Address  HOMESTEAD, FL 33030  City/State and Zip Code PRONTOCONSULTING@GMAIL.COM  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  R. TORRES  at (		
Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a check for th	e 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 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

J.J. TORRES LANDSCAPE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recommend Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 05/10/2019	and assigned
Florida document number L19000121620		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	201
		19 CC
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		21
(Mailing address MAY BE A POST OFFICE BOX)		S AH
	<del></del>	<u> </u>
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		rds, enter the name of the nev
Name of New Registered Agent:		5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
New Registered Office Address:		
	Enter Florida street ado	lress
		Florida
	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>	Type of Action
AMBR	JUAN JOSE TORRES VALDIVIA	790 NW 18TH ST HOMESTEAD, FL. 33030	■ Add
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ective	date, if other than the d	ate of filing:				(optional)	
effecti te: If t	ve date is listed, the date must l he date inserted in this bloo	be specific and one classifiers are specific and one classifiers are specified as the classifiers a	cannot be prior t ect the applica	o date of filing o ble statutory f	r more than 90 da Hing requiremen	iys after filing.) P nts, this date wi	ursuant to 605.020 Il not be listed a:
ument	's effective date on the Dep	partment of St	ate's records.				
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Filing Fee: \$25.00