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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:

Office Use Only

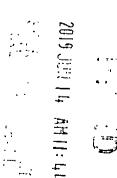


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FILING CANCELLED
DUE TO RETURNED CHECK

R. WHITE JUN 25 2019



COVER LETTER

TO: Registration Section Division of Corporations

FILING CANCELLED DUE TO RETURNED CHECK

Jose Guerrero Landscaping LLC

SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
		Ada I Cruz		
		Name of Person	**************************************	
	1	One Financial Solution Inc		
		Firm/Company		
		7971 Rivera Blvd Suite 111		
	Address			
	Miramar, FL 33023			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	all:		
Ada I	Cruz	786 683-0362		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	ne 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, Ft. 32314

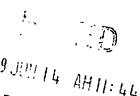
STREET/COURIER ADDRESS:

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

FILING CANCELLED DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**



Jose Guerrero Landscaping LLC (Name of the Limited Liability Company as it now appears on our records.) .
(A Florida Limited Liability Company) and assigned Florida document number ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable:

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:

New Registered Office Address:			
	Enter Florida street address		
		_, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

Name 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 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>	Name	Address	Type of Action
MGR	Rosa Linda Ramirez	12715 SW 261th Terr Homestead, Fl 33032	
	ING CANCELLED	-	□ Remove
DU	E TO RETURNED CHECK		■ Change
			☐ Remove
			Change
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			□ Remove
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			Change

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	FILING CANCELLED
	DUE TO RETURNED CHECK
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	July 2019
	Signature of a member or authorized representative of a member
	Rosa Linda Ramirez
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00