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## **COVER LETTER**

TO:	Registration So Division of Cor			
CHI <b>D</b> II	MY LAND	SCAPER, LLC		
SUBJ	ECT:	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		ERASMO A PEREZ, JR		
			Name of Person	
		MY LANDSCAPER, LLC		
		17126 SPRING VALLEY	Firm/Company RD	
		DADE CITY, FL 33523	Address	
		erasmo.a.perez@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
ERAS	MO A PEREZ, JR		917 5331317	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>=</b> \$2:	5.00 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, F1, 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

MY LANDSCAPER, LLC

company has been notified in writing of this change.

(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number L19000146776	were filed on 6/3/2019 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	17126 SPRING VALLEY RD
Principal office address MUST BE A STREET ADDRESS)	DADE CITY, FL 33523
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	1019 JULY 20
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	
	ffice address on our records, enter the name of the
egistered agent and/or the new registered office address her	ffice address on our records, enter the name of the
egistered agent and/or the new registered office address her  Name of New Registered Agent:	office address on our records, enter the name of the

If Changing Registered Agent, Signature of New Registered Agent

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

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	CONTRERAS, RAMON	11925 CIRCLE B RD. DADE CITY, FL 33525	
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effive date, if other than the date effective date is listed, the date must be If the date inserted in this block ement's effective date on the Depar	specific and eannot be prior to dat does not meet the applicable s	e of filing or more than 90 day	(optional) ex after filing.) Pursuant to 605.02 ts, this date will not be listed a
ecord specifies a delayed ef le 90th day after the record	fective date, but not an is filed.	effective time, at 12	:01 a.m. on the earlier
d 18TH DAY OF JUNE	2019		
	Som V.	2 16-	
	ature of a member or authorized	/	·

Page 3 of 3

Filing Fee: \$25.00