## L19000149984

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

TO:

Registration Section Division of Corporations

SUBJECT:	- ELEGAS PLA	ANTS NURSERY, LLC	_
SUBJECT.	Name of Lin	nited Liability Company	•
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
	ndence concerning this matter	-	
		ROSA ELENA LEON	
	Name of Person		
		Firm/Company	<del></del>
	16	5132 NW 14TH COURT	
		Address	
	PEN	MBROKE PINES, FL 33028	
		City/State and Zip Code	
		Ifredoleon77@gmail.com to be used for future annual report no	elfination V
For further information co	oncerning this matter, please c	·	uncation)
ROSA ELENA LEON		954 436-0936 at ()	<u> </u>
Name of	Person	Area Code Daytii	ne 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 S	ection	<u>Street Address:</u> Registration So	
Division of Co P.O. Box 632	-	Division of Co The Centre of	
Tallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AS PLANTS NURSERY, L'LCL. 👝 📳 🙃	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records. da Limited Liability Company)	.)
he Articles of Organization for this Limited Liability		and assigned
lorida document number L19000149984		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited 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 ADE	ORESS)	·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register igent and/or the new registered office address here.		he name of the new regis
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
	Enter Florida street address	
<u> </u>		rida
	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>	Address 17 7 7 7 10: 50	Type of Action
MGR	RUBIO. BONIFACIO	16550 SW 200th AVE.	□Add
		MIAMI, FL 33187	<b>≡</b> Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
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AUGUST 12, 2020  Fan effective date is listed, the date must be specific and cannot be prior to date of filing.  Note: If the date inserted in this block does not meet the applicable statutor locument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	l a.m. on the earlier of: (b) The 90th day after the
Pated AUGUST 12 2020	
Signature of a member or authorized represe	

Carlos et Company