L19000119438

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COVER LETTER

	SCAPE MAINTENANCE LL	С	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	GOMEZ HERNANDEZ,	LUCIANO	
		Name of Person	
	LG LANDSCAPE MAINTENANCE LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing, the enclosed Articles of Amendment and fee(s) are submitted for filing, the ease return all correspondence concerning this matter to the following: GOMEZ HERNANDEZ, LUCIANO Name of Person LG LANDSCAPE MAINTENANCE LLC Firmi-Company 19 N K ST Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code NOTARIOHISPANO@ICLOUD.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: OMEZ HERNANDEZ, LUCIANO Name of Person Name of Person Daytime Telephone Number		
Division of Corporations LG LANDSCAPE MAINTENANCE LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GOMEZ HERNANDEZ, LUCIANO Name of Person LG LANDSCAPE MAINTENANCE LLC Firmi-Company 19 N K ST Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code NOTARIOHISPANO@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GOMEZ HERNANDEZ, LUCIANO Name of Person Area Code Daytime Telephone Numb Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee Scorificate of Status Certificate Copy Certificate of Status Certification Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
		Address	
	SANTA ROSA BEACH,	FL 32459	
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			(Contion)
For further information of		·	meadon)
GOMEZ HERNANDE	Z, LUCIANO		
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
			ection
_		=	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LG LANDSCAPE MAINTENANCE I		
(Name of the Limited) (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi Florida document number L19000179638	ility Company were filed on JULY 12 2019	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable	e:	_1
(Principal office address MUST BE A STREET	ADDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our records, enter t	SI CRE DAY O: LAHASSE! IT ORNING the name of the www registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	2.00	
-	, Floi	rida 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>	Name	Address	Type of Action
A <u>P</u>	GOMEZ HERNANDEZ, LUCIAN	19 N K ST SANTA ROSA BEACH, FL 32459	□Add
			Remove
			Change
AMBR	GOMEZ HERNANDEZ, LUCIAN	19 N K ST SANTA ROSA BEACH, FL 32459	= Aðd
			□Remove
			□Change
		 	⊡Add
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Page 2 of 3

Effective date, if other than the date of filing: If an effective date is fixed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated DECEMBER 14 2019 Signature of a member or authorized representative of a member				
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Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·			
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Filing Fee: \$25.00