## 119000182096

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## **COVER LETTER**

Acres 644

Tallahassee, FL 32314

TO:	Registration Section Division of Corporations
SUBJE	ECT: P: VE120 Name of Limited Liability Company  Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for tiling.
Please	return all correspondence concerning this matter to the following:
	J. MIJUEL RIVERON Name of Person
	RIVERON & SESA LANDSCAPING SUCCES- LZ
	6004 Snwytil Rx-
	TAMPA, FL. 33434  City/State and Zip Code  Miky R 88 & VA + 100. Com  E-mail address: (to be used for future annual report notification)
For fur	E-mail address: (to be used for future annual report notification)
<u>Jos</u>	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ <b>\$</b> 2	25.00 Filing Fee Solutional copy is enclosed)  \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our regords.) nability Company)
The Articles of Organization for this Limited Liability Company	were filed on $0.7/15/2019$ and assigned
Florida document number <u>L19000183-09</u> 6	
This amendment is submitted to amend the following:	- 
A. If amending name, enter the new name of the limited liabi	
Rive we have the distinguishable and contain the words. Limited Fiability	7 Pipe 3 SERVICES L.F.C. ity Conpany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6.10CH SAWYER RD.
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL. 33/86
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	UG 19 AM 9: 37
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strget address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as I being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and oroyided for in Chapter 605, F.S. Or, if this document is

H 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
			□Add
			□Remove
_	_		Change
			□Remove
			☐ Change
			□Remove
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			SECOND 19Add ED. SECOND 19Add NM 9337 SEE FAIE
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ffective date, if other than the can effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the ap	plicable statutory fili	(option more than 90 days after f ng requirements, this	n <b>al)</b> iling.) Pursuar date will not	nt to 605,t , be listed	p207 ( d as t
record specifies a delayed effective Lis filed.	date, but not an effective	se time, at 12:01 a.m	, on the earlier of: (b)	The 90th d	lay after	the
	. 202	20.				
pated <u>: QUGUST 11</u>						
	rignature of a member or		···			

Filing Fee: \$25.00