

L19000234903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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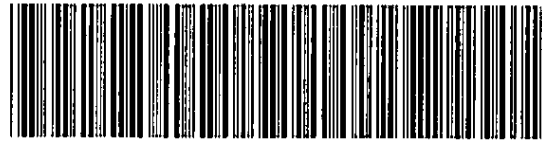
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nationwide Landscaping 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:

Oswaldo Capote
Name of Person

Nationwide Landscaping LLC
Firm/Company

3533 NW 49 ST
Address

Miami FL 33142
City/State and Zip Code

ocapote@comtelectric.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Capote at (305) 326-8852
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATIONwide Landscaping, LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 17, 2019 and assigned
Florida document number L19000234803

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

12430 NW 20 CT
MIAMI FL 33167

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12430 NW 20 CT
MIAMI FL 33167

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:

Name of New Registered Agent:

Alejandro JORDAN Gutierrez

New Registered Office Address:

12430 NW 20 CT

Enter Florida street address

MIAMI

City

Florida

33167

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.

X [Signature]
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>	<u>Address</u>	<u>Type of Action</u>
Registered Agent	Carlos Fleites, Esq	<u>Fleites, Carlos Esq</u> <u>407 Lincoln Road, suite 12E</u> <u>Miami Beach FL 33139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Oswaldo Capote	<u>3533 NW 49 ST</u> <u>MIAMI FL 33412</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Yudid Rodriguez	<u>3533 NW 49 ST</u> <u>MIAMI FL 33412</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Stephanie Mariui Gutierrez	<u>12430 NW 20 CT</u> <u>MIAMI FL 33167</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Registered agent	Alejandro Jonada Gutierrez	<u>12430 NW 20 CT</u> <u>MIAMI FL 33167</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Alejandro Jonada Gutierrez	<u>12430 NW 20 CT</u> <u>MIAMI FL 33167</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

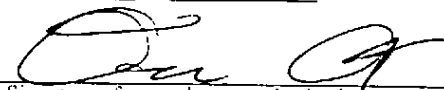
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

New address : 12430 NW 20 CT, Miami FL 33167
New Register Agent : Alejandro Jonadab Gutierrez
New AMBR : Alejandro Jonadab Gutierrez
New AMBR : Stephanie Marivi Gutierrez

E. Effective date, if other than the date of filing: 3/3/2021 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/3 2021



Signature of a member or authorized representative of a member

Osvaldo Capote

Typed or printed name of signee