## L19000237417

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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## **COVER LETTER**

TO:

TO:	Registration Division of C			,
		H LANDSCAPING, LLC		;
SUBJEC	C1:	Name of Lim	ited Liability Company	_
The encl	losed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
		pondence concerning this matter	_	
		ANGEL MARTINEZ		
			Name of Person	
		ANGEL H LANDSCAPIN	NG, LLC	
			Firm/Company	<u>.                                    </u>
		12660 KENWOOD LN A	PT. D	
			Address	<del></del>
		FORT MYERS, FL 33907		
		<del> </del>	City/State and Zip Code	
		LEO841968@GMAIL.COI		
		E-mail address: (	to be used for future annual report:	notification)
For furth	ner information	concerning this matter, please ca	all:	
ANGEI	. MARTINEZ		239 896-793- at ()	<b>‡</b>
·	Name	of Person	Area Code Day	time Telephone Number
Enclosed	d is a check for	the following amount:		
<b>=</b> \$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)
	Regi. Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	porations g

Tallahassee, FL 32301

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

ANGEL H LANDSCAPING, LLC

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

The Articles of Organization for this Limited Liability Company w	vere filed on		and assig	ned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company." the designa	tion "LLC" or the ab	breviation "L.L.	<u>C."</u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		TAC CO	2819 110	
B. If amending the registered agent and/or registered offi	ce address on our	records, enter		the new
registered agent and/or the new registered office address here:		FLOW OF	₹ §: 5	
Name of New Registered Agent:		F	9	•
New Registered Office Address:	Enter Florida str	eet address		
		, Florida		
	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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LIZA MARTINEZ	12660 KENWOOD LN APT. D	
		FORT MYERS, FL 33907	<b>■</b> Remove
			Change
MGR	ANGEL MARTINEZ	12660 KENWOOD LN APT. D	<b>≡</b> Add
		FORT MYERS, FL 33907	
			Remove
		<del></del>	□ Change
			□ Remove
		<del></del>	☐ Change
			Add
			Remove
			Change
			Remove
			Change
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			□ Change

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C CCC	un data ifathauthautha	date of filings	(antional)	
Note:	If the date inserted in this blo	the specific and cannot be prior to date ock does not meet the applicable separtment of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to statutory filing requirements, this date will not be	605.0207 (3 listed as the
b) The	90th day after the reco		effective time, at 12:01 a.m. on the ea	arlier of:
Dated (	OCTOBER 31	2019		
Dated_	ang u	Maline, Signature of a member of authorized		
				-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00