## 119000 249489

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## **COVER LETTER**

TO:	Registration Sec Division of Corp		هر.	
418185 P.E.		NS LANDSCAPING FLORID	A LLC	
SUBJE(	UI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
		LUZ MARINA RODRIGU	JEZ	
		<del></del>	Name of Person	<del></del>
		CHAMPIONS LANDSCA	PING FLORIDA LLC	
		309 SAND RIDGE DRIVE	;	
			Address	
		DAVENPORT, FL 33896		
		LUZMA046@GMAIL.COM	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	ication)
For furt	her information co	oncerning this matter, please ca	ill:	
LUZ MARINA RODRIGUEZ			at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMPIONS LANDSCAPING FLORIDA 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 10/03/2019 and assigned Florida document number \_\_119000249489 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
MGR	HILDA TEJADA	309 SAND RIDGE DR	
			Add
		DAVENPORT, FL 33896	
			■ Remove
MGR	RUBEN ORTIZ	309 SAND RIDGE DRI	
			<b>=</b> Add
		DAVENPORT, FL 33896	
			Remove
			☐ Change
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an effective da ote: If the d	te, if other than the date of ate is listed, the date must be speci date inserted in this block does ffective date on the Departmen	fic and cannot be prior to date s not meet the applicable s	of filing or more than 90 day:	after filing.) Pursuant to 605.020
: record s The 90th	pecifies a delayed effect day after the record is f	ive date, but not an îled.	effective time, at 12:	01 a.m. on the earlier o
nted	OCTOBER 17	, 2019		
_	Signatur	Macuica e of a member or authorized	epresentative of a member	
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Page 3 of 3

Filing Fee: \$25.00