## L190002772297

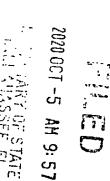
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## **COVER LETTER**

Division of Corp	porations	•	,
SUBJECT: JUSHU	IA Tree Lawn Name of Lim	and Landscaf	Ding UC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Jacquely</u>	n S. Gaudett	<u>e</u>
	Joshua Tr	ee laun & Land	scapinguc
	319 MD	NACO DY.	
	Punta	GOV da FL Z	3950
	Joshuat E-mail address: (	Tel. Land O or to be used for future annual report agus	ncation)
For further information co	oncerning this matter, please co	all:	
Toquelyn Jame of	Scaudette	at ( <u>XQQ</u> ) <u>57Q</u> Area Code Daytime	Telephone Number
Enclosed 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:

TO:

Registration Section

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

JOSHUA TYPE AWA AI (Name of the Limited Liability Companied Liability Companied Limited Limite	nd Lands (aping LLC  y as it now appears on our records.)  lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000272297</u>	were filed on 10 3  19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.L.C."  319 Monaco Dr.  Punta Gorda Fu 33950
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	319 Monaco Dr. Punta Garda FL 33950
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:  Automatical States    Description    Name of New Registered Agent:  New Registered Office Address:	Shua R. Dumord  I Monaco Dr.  Enter Florida street address  2 GOYGA, Florida 33950  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.

ET THE ED NOT STATE INTENTITY OF STATE

f 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
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lf an ci Note:	tive date, if other than the date of filing:	ing.) Pursuan	t to 605.020 be listed a	07 ( as t
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) iled.	The 90th da	ay after the	IC
Dated	10/01, 2020			
	Signature of a rember of authorized representative of a member			

Filing Fee: \$25.00