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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRAMILEX LLC Account Number : I20150000085 : (786)469~9163 Phone : (305)948-3716 Fax Number

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Email Address:_				<u>ئىرىن</u> ئىرىن	<u></u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ---VZLA LAWN SERVICE & LANDSCAPING LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Resistration Se	ection		
Division of Cor	porations		
VZLA LA	WN SERVICE & LANDSCAPI	ING LLC	
SUBJECT:	Name of Limi	ted Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	JAVIER F CAMACHO BI	RAVO	
	<u></u>	Name of Person	
	VZLA LAWN SERVICE	& LANDSCAPING LLC	
		Firm/Company	
	125 VIRGINIA RD		
	·	Address	
	WEST PARK, FL 33023		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
JAVIER F CAMACHO	BRAVO	786 459-6231 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Postered to a shear for	ska fallauing amount		
Enclosed is a check for \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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: Registration Section

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VZLA LAWN SERVICE & LANI (Name of the Limi		ppany as it now appears or ed Liability Company)	our records.)	 · · · ·
The Articles of Organization for this Limited L				and assigned
I he Arnoles of Organization for this Ellitted C	itability Compa	ally were med on		
Florida document number L19000286230	·			
This amendment is submitted to amend the following:				
A. If amending vame, enter the new name o	f the limited l	iability company here:	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the desig	mation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered	Mor registered	N/A I office address on o	72	The name of the ne
				₹ -
Name of New Registered Agent:	N/A		107	UI UI
New Registered Office Address:		Enter Florida	sireet 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

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M17000703302 /

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>	Address	Type of Action
AMBR	JOSE GUADALUPE RESENDZ	125 VIRGINIA RD	Add
		WEST PARK, FL 33023	■ Remove
			☐ Change
			Add
			_ □ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			Remove
			Change

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•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA
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an eff ote:	ive date, if other than the date of filing: NA (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	12/18/2019 2019
	Ach
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00