

L19000306296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

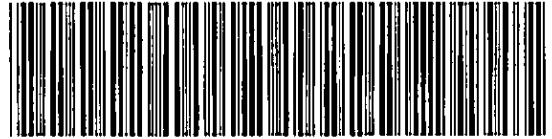
(Document Number)

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FILED
21 MAR 29 09:41
TOLSON OFFICE OF THE CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ON POINT LANDSCAPING & TREE SERVICES
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:

CHRISTIAN ZILLERUELO
Name of Person

ON POINT LANDSCAPING & TREE SERVICES
Firm/Company

5941 E. GRAND DUKE CIR
Address

TAMARAC FL 33321
City/State and Zip Code

ZILLERUELO C @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN ZILLERUELO at (954) 552-0308
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

21 MAR 29 AM 10:41

ON POINT LANDSCAPING & TREE SERVICES

(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 12/17/19 and assigned Florida document number L19000306296.

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

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 or removed from our records:

MGR = Manager
AMBR = Authorized Member

STATE OF FLORIDA
DIVISION OF CORPORATION

Title	Name	Address	21 MAR 29 AM 10:41	Type of Action
<u>MGR</u>	<u>CHRISTIAN ZILLERVELLO</u>	<u>5941 E. GRAND DUKE CIR</u>	<input type="checkbox"/>	Add
		<u>TAMARAC FL, 33321</u>	<input type="checkbox"/>	Remove
			<input checked="" type="checkbox"/>	Change
<u>MGR</u>	<u>ERIC ZILLERVELLO</u>	<u>5941 E. GRAND DUKE CIR</u>	<input checked="" type="checkbox"/>	Add
		<u>TAMARAC FL 33321</u>	<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change
<u>AMBR</u>	<u>DENISE ROMANO</u>	<u>5941 E. GRAND DUKE CIR</u>	<input checked="" type="checkbox"/>	Add
		<u>TAMARAC FL 33321</u>	<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change
<u>AMBR</u>	<u>EVA FRYT</u>	<u>5941 E. GRAND DUKE CIR</u>	<input checked="" type="checkbox"/>	Add
		<u>TAMARAC FL 33321</u>	<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change
			<input type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change
			<input 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)

STATE OF OHIO
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

I'M CHANGING THE AUTHORIZED PEOPLE ON THIS
BUSINESS TO MATCH WHAT IS WRITTEN ON THE
PREVIOUS PAGE.

21 MAR 29 AM 10:41

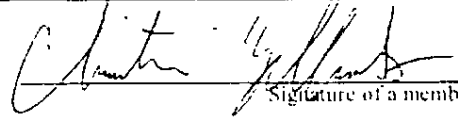
E. Effective date, if other than the date of filing: 3/24/21 (optional)

(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 MARCH 24th 2021



Signature of a member or authorized representative of a member

CHRISTIAN ZILLIPULLO

Typed or printed name of signee