# L20000018360

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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7/25/20

### **COVER LETTER**

'TO:

TO: Registration S Division of Co			
	LLANDSCAPING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GUZMAN ABREU, CRI	STIAN	
		Name of Person	
	YESHUA LANDSCAPIN	NG LLC	₹. <b>2</b>
		Firm/Company	- FA 20 -
	184 HAMLET LP		2020 JUN 18
		Address	
	DAVENPORT, FL 3383	7	PH 3: 1
	mrsguzman01@outlook.	City/State and Zip Code	AT T
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual report noti call:	fication)
CRISTIAN GUZMAN	-	475- 218-5570	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 633 Tallahassee,		The Centre of T	'allahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### YESHUA LLANDSCAPING LLC

#### 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

Enter Florida street address

. Florida \_

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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			□Remove
			□Change
			□Add
			2020 □Remove
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		Signati	ure of a me	mber or auth	torized re	presentative	of a membe	2r			

Filing Fee: \$25.00