

120000070742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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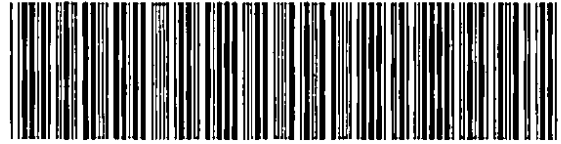
(Business Entity Name)

(Document Number)

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T.A.S.

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** ALFARO TREE SERVICE LLC

\_\_\_\_\_  
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:

CESAR OMAR GALO ALFARO

\_\_\_\_\_  
Name of Person

ALFARO TREE SERVICE LLC

\_\_\_\_\_  
Firm/Company

5981 WINEGARD RD APT. C

\_\_\_\_\_  
Address

ORLANDO , FLORIDA 32809

\_\_\_\_\_  
City/State and Zip Code

CHRISTOPHERGALO7@ICLOUD.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR OMAR GALO ALFARO

407

970-9441

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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**

ALFARO TREE SERVICE 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 03/03/2020 and assigned Florida document number 120000070742.

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)**

5981 WINEGARD RD APT. C

ORLANDO, FLORIDA 32809

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5981 WINEGARD RD APT C

ORLANDO, FLORIDA 32809

**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:

CESAR OMAR GALO ALFARO

New Registered Office Address:

5981 WINEGARD RD APT. C

*Enter Florida street address*

ORLANDO

*City*

Florida 32809

*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.*

Cesar Omar Galo Alfaro

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>	<u>Type of Action</u>
MGR	ADRIAN OLIVA OSORIA	6741 KELLAND AVE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CESAR OMAR GALO ALFARO	5981 WINEGARD RD APT. C	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ALSO CHANGE PRINCIPAL ADDRESS AND MAILING ADDRESS TO 5981 WINEGARD RD APT. C

ORLANDO, FLORIDA 32809

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**E. Effective date, if other than the date of filing:** 10/10/2021 (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 OCTOBER 10 2021



Signature of a member or authorized representative of a member

ADRIAN OLIVA OSORIA

Typed or printed name of signee

**Filing Fee: \$25.00**