(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



04/16/20--01015--006 \*\*25.00



brem

۰.

APR 2 9 2020 D CUSHING

## **COVER LETTER**

## TO: Registration Section Division of Corporations

.

t •

M Gonzalez Lawn Service LLC SUBJECT:

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:

	April Gonzalez				
		Name of Person	<u> </u>		
	M Gonzalez Lawn Service	LLC			
		Firm/Company			
	422 Stephens Road				
		Address	<u>_</u>		
	Ruskin, Fl 33570				
	<u>-</u>	City/State and Zip Code			
	22aprilgarcia@gmail.com				
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please ca	all:		23 23	
April Gonzalez		813 370-2747			
Name of Person			Telephone Number		1
					2
Enclosed is a check for th	e following amount:			STATE ORATIO	
■ \$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 State Certified Copy (additional copy is end)	us & Jo	
Mailing Address	×.	<u>Street Address:</u>			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee, F			Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M Gonzalez Lawn Service LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

Florida document number 1.20000078897

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 "LLC."

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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	April Gonzalez	
New Registered Office Address:	422 Stephens Rd	
	Enter	·Florida street address
	Ruskin	, Florida <sup>33570</sup>
	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.

w Registered Agent

and assigned

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

٠

Title	<u>Name</u>	Address	Type of Action
MGR	Manuel G Gonzalez	422 Stephens Rd	
		Ruskin, FL 33570	🗆 Remove
			Change
AMBR	April Gonzalez	422 Stephens Rd	🗆 Add
		Ruskin, FL 33570	Remove
			🖸 Change
			🗆 Add
			Remove
			🗋 Change
	<u></u>		🗋 Add
			□Remove
			Change
	<u> </u>		🗋 Add
			🗋 Change
			🗆 Add
			Remove
			□Change

	<u> </u>	<u> </u>		<u> </u>	
			<u>.                                    </u>		
. <u>.</u>				<u>_</u>	
		<u> </u>			
					_
			<u> </u>		
	<u>-</u>		<u></u>	. <u></u> .	
<u> </u>					
		<u> </u>	<u></u>		
				<u> </u>	

۰.

1

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.

April 11	2020
Dated	 

HE-

Signature of a member or authorized representative of a member

Manuel Gonzalez

Typed or printed name of signee

Filing Fee: \$25.00