L20000 95842

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO;	Registration Se Division of Cor					
en o ica	TIPE.	ANEZ LANDSCAPING LLC	- 34.	·		
SUBJEC	<u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		ADONIS A HERNANDE	Z.			
		· · ·	Name of Person			
		Firm/Company				
		679 CANAL DR				
		Address NORTH FORT MYERS, FL 33903 City/State and Zip Code OSBELH24@HOTMAIL.COM				
		E-mail address: (to be used for future annual report notif	ication)		
For furth	ner information co	oncerning this matter, please c	all:			
ADONI	S A HERNAND	EZ	239 245-4920 at ()			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	d is a check for th	ne following amount:				
■ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	<u>s:</u>	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

LOS HERNANDEZ LANDSCAPING 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 04-03-2020 and assigned Florida document number <u>L200000095842</u> 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, 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 _

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.

Ciry

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	ADONIS A HERNANDEZ	679 CANAL DR	
		NORTH FORT MYERS, FL 33903	□ Remove
			□ Change
			🗆 Add
			□Remove
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ffectiv	re date, if other than the date of filing: 416/2020 (optional) cive 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
an effe Note:	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
racord	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
d is file	
	4/6 2020
Dated _	416 2020 AZ
	Thomas (1)
	Signature of a member or authorized representative of a member
	Adonis A. Hernandez Typed or printed name of signee

Filing Fee: \$25.00