

L70 000 103 488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

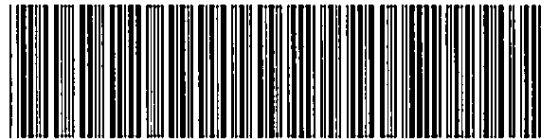
(Business Entity Name)

(Document Number)

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05/11/20--01014--014 **25.00

20 MAY 11 AM 9:45

MAY 29 2020
C McRAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salty Stone Landscape, LLC.
Name of Limited Liability Company

20 MAY 11 AM 9:45
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristina Jimenez
Name of Person

Salty Stone Landscape, LLC
Firm/Company

33105 W. Price Blvd.
Address

North Port, FL 34286
City/State and Zip Code

jsaltystone@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Jimenez at 941 975-5509
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Salty Stone Land Scapes, LLC

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

20 MAY 11 AM 9:45
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/15/2020 and assigned
Florida document number L200001034988

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

N/A

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)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.

N/A

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>
<u>MGR</u>	<u>Juan E. Mateos Hernandez</u>	<u>3345 W. Price Blvd.</u>	<input type="checkbox"/> Add
		<u>North Port, FL. 34286.</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Kristina L. Jimenez</u>	<u>3345 W. Price Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>North Port, FL. 34286.</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Juan E. Mateos Hernandez</u>	<u>3345 W. Price Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>North Port, FL. 34286.</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Austin Jimenez</u>	<u>2706 Burri Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>North Port, FL. 34286.</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.)

EIN # 85-0717790

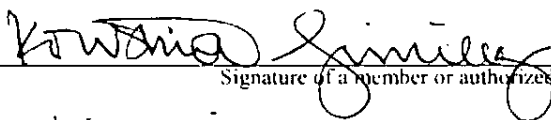
E. Effective date, if other than the date of filing: _____ (optional)

(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 05/05/2020.



Signature of a member or authorized representative of a member

Kristina Jimenez

Typed or printed name of signer