12000115528

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
	MVPLuxu	ry Landscaping, LLC		
SUBJ	ECT:			
		Name of Lin	nited Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Victor Gurley Jr		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		MVP Luxury Landscapin	ng, LLC	
			Firm/Company	
		3906 E Louisiana Ave		
			Address	
		Tampa, FL 33610		
			City/State and Zip Code	
		E-mail address: ((to be used for future annual report notification)	
For fu	rther information co	oncerning this matter, please c	eall:	
Victo	or Gurley Jr		813 390-0266	
			at ()	
	Name of	Person	at ()	7 (m)
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, □ Certified Copy (additional copy is enclosed)	O

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

MVP Luxury Landscaping, LLC				
(<u>Name of the Limited Li</u> (A F	i <mark>ability Company as</mark> Iorida Limited Liabili	it now appears on our ty Company)	records.)	
The Articles of Organization for this Limited Liabilities L20000115528	ity Company were	filed on)	and assigned
This amendment is submitted to amend the followin	ıg:			
A. If amending name, enter the new name of the	limited liability o	company here:		
he new name must be distinguishable and contain the words	"Limited Liability Co	mpany," the designation	on "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	·:			
Principal office address MUST BE A STREET AI	DDRESS)		<u>.</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office addre	AMPA, FL 33	SIANA AVE	
Name of New Registered Agent:				
New Registered Office Address:	3906 E L	JUISTANA AVE Enter Florida street	t address	
	TAMPA		Florida	33610
	C	lity		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.

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>	Address	Type of Action
MGR	LeMarcus K Mitchell	10334 Frog Pond Dr, Riverview, FL 33569	□Add
		 	Remove
			□Change
	****		□Add
			□Remove
			□Change
		•	□Add
			□Remove
			SHOWE JUNES
			Remove
			77
			□Add
			□Remove
			□Change
<u></u> .			□Add
			□Remove
			□Change

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ective date, if other that effective date is listed, the c	late must be specific	and cannot be prior	to date of filing	or more than 90 da			
te: If the date inserted in cument's effective date or				ming requireme	ms, this date v	viii not	De listed a
	-1d -66hi	. 4-6- 6-8			2.01	- 4 4	1:
record specifies a de he 90th day after th			t an enecti	ve time, at 1.	2:01 a.m. c	n the	earner (
July 19		2020					
ted							
	Signature o	f a member or autho	orized represent	tive of a member			
			,				