L20000131776

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	egistration Sectivision of Corp						
SUBJECT	:)(een_	Monst Name of Lim	er Landsco	apes, LL	. C	
			nd fee(s) are sub				
Please retu	m all correspon	dence conce	ming this matter	to the following:			
			Hexy H	Heinandez Name of Person			
			Green 1	MONSKA (Firm/Company	andscap	es, LLC	
		158	00 Pine	es Blud 3	006		22 SE
		Pin	nbroke P	City/State and Zip C	3027 ode	· · · · · · · · · · · · · · · · · · ·	22 SEP 26 PM 1: 07
			E-mail address: (to be used for future an	nual report notificat	tion)	. .
For further	information cor	ncerning this	matter, please ca	all:			77
Alex	Y Herno Name of F	nder Person		at (<u>305</u> Area Code	O PIS - SI Daytime Te	elephone Number	_
Enclosed is	a check for the	following a	mount:				
№ \$25.00	Filing Fee		Filing Fee & cate of Status	☐ \$55.00 Filing I Certified Cop (additional copy)	у	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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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

TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)

(A Fiorida Limited L	iability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L20000131776</u> .	were filed on	5 15 2	OLO and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the o	designation "LLC"	or the abbreviation "L.l.	
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)				
			22 SE	- <u></u>
Enter new mailing address, if applicable:			72	도요 <u>도망</u> 된
(Mailing address MAY BE A POST OFFICE BOX)			ος Σ	ga:
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our r	ecords, enter th	he name of the new	register
Name of New Registered Agent:				

New Registered Office Address:	Enter Flo	rida street address	, , , , , , , , , , , , , , , , , , , ,	
		, Flor	ridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code	
I hereby accept the appointment as registered agent and agre				-

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

· or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Custor M. Bilbao	951 Monticello Auc	ŒAdd
		Davie, FL 33325	Remove
			□Change
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			Change 22 Standard Change 23 Standard Change 26 Remove; 11 Standard Change
			□Add
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Defective date.	t be specific and can ock does not meet	the applicable s	e of filing or more t tatutory filing re-	(optio han 90 days after t quirements, this	filing.) Pursuant to	605.020 listed a
record specifies a delayed effective is filed.	e date, but not an e	ffective time, a	t 12:01 a.m. on tl	ne earlier of: (b)	The 90th day a	ifter the
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