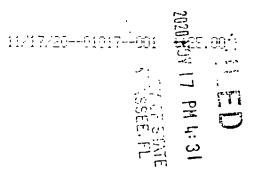
120000/36/45

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000355240990



to plat

COVER LETTER

Division of Corporations GIRON LANDSCAPING 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: GIRON BARRIOS, APARICIO E Name of Person GIRON LANDSCAPING LLC Firm/Company 2670 NW 1ST ST Address BOYNTON BEACH, FL 33435 City/State and Zip Code D-E@CONSULTANT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GIRON BARRIOS, APARICIO E Name of Person Enclosed is a check for the following amount: **≅** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

. .

Registration Section

TO:

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

GIRON 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 $\frac{05/19/2020}{}$ and assigned Florida document number 1.20000136145 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GIRONS LANDSCAPING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida _

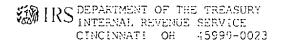
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joselyo I Giron Bamo	us 2670 NW 1st St Boynton Beach Fl	□Add
		33435	Remove
		0.0 10 0	- IZINOMOVO
			□Change
			□Add
			□Remove
			Change
		-1	
		2.55 8.55 8.66	Remove
			Remove F: 3 Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Chanve

			• • • • • • • • • • • • • • • • • • • •			
						
_						
			_			
				·	_	
						
				, 	7011	
				,	2010 HO	
					17	
		<u>.</u> .				1
						1
					<u> </u>	
					<u> </u>	
	<u> </u>			·		
	-	-	<u> </u>			
Secretary disease to make a secretary	Abo I Ao Beir	07/20/2020				
Affective date, if other than i	must be specific and ca	annot be prior to date.	of filing or more than 90 o	(optional) days after filing.) Pi	irsuant to 605.0.	207
an effective date is fisted, the date			itutory filing requirem	ents, this date wi	ll not be listed	l as t
Note: If the date inserted in this						
Note: If the date inserted in this locument's effective date on the						
Note: If the date inserted in this locument's effective date on the	ctive date, but not a	n effective time, at	12:01 a.m. on the earli	er of: (b) The 9	Oth day after t	the
Note: If the date inserted in this	ctive date, but not ar	n effective time, at	12:01 a.m. on the earli	er of: (b) The 9	0th day after t	the
Note: If the date inserted in this locument's effective date on the record specifies a delayed effect is filed.	ctive date, but not ar		12:01 a.m. on the earli	er of: (b) The 9	0th day after t	the
Note: If the date inserted in this locument's effective date on the record specifies a delayed effective and specifies and delayed effective datasets.	etive date, but not a	2020	12:01 a.m. on the earli	er of: (b) The 9	0th day after t	the
Note: If the date inserted in this locument's effective date on the record specifies a delayed effect is filed.	ctive date, but not a		12:01 a.m. on the earli	er of: (b) The 9	0th day after t	the
Note: If the date inserted in this locument's effective date on the record specifies a delayed effect is filed.	M. D.	2020 	12:01 a.m. on the earli		0th day after t	the

5.4



Date of this notice: 06-03-2020

Employer Identification Number:

95-1287935

Form: SS-4

Number of this notice: CP 575 B

GIRONS LANDSCAPING LLC APARICIO E GIRON MBR 2670 NW 1ST ST BOYNTON BEACH, FL 33435

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH TO STUB AT THE ENDROPEITHES NOTIGE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN) The assigned you EIN 95-1287835. This EIN will identify you, your business accounts, tax neturns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the accorded tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown:

Forma 1065 03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form \$832, Entity Classification Election, and election to be classified as a corporation. It the LLC is eligible to be created as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

. . .

IMPORTANT REMINDERS:

- · Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- . Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us it the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is GIRO. You will need to provide this information, along with your EIN, if you file your meturns electronically.

Thank you for your cooperation.

Keep this part for your records. ______

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call DATE OF THIS MOTICE: 06-03-2020 () - EMPLOYER IDENTIFICATION NUMBER: 85-1287835 _ FORM: SS-4 MOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 GIRONS LANDSCAPING ELC APARICIO E GIRON MER 2670 NW 1ST ST BOYNTON BEACH, FL 33435