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(Requestor's Name)		
(A	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
		MAIL
(Business Entity Name)	
(1	Document Number)	·
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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
	KORA FE	NCE AND TREE SERVICE I	LC	
SUBJEC	ст: <u></u>	Name of Lin	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning (bis matter	to the following:	
		AIMEE PARRA		
			Name of Person	
		KORA FENCE AND TR	EE SERVICE LLC	
			Firm Company	
		6326 STANWIN DR		
			Address	
		АРОРКА, FL 32712		
			City/State and Zip Code	
			to be used for future annual report not	ilication)
For furth	er information co	oncerning this matter, please e	all:	
AIM	EE PARRA		407 274-4252	
	Name 51	Person		re l'elephone Number
Enclosed	l is a check for th	c 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 radditional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Douietention So	otion
	Division of C		Registration Se Division of Co	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organizatio	n for this Limited Liability Company were filed on _	05/20/2020	and assigned
Florida document number _	L20000136766		
This amendment is submitte	ed 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 "Lindted 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

	, ,	Florida
New Registered Office Address:	Enter Florida street add	hass
Name of New Registered Agent:		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	AIMEE PARRA	······································	ÜAdd
			🖾 Remove
		6326 STANWIN DR. APOPKA, FL 32712	Change
AMBR	ALFREDO PARRA	6326 STANWIN DR. APOPKA, FL 32712	■Add
		<u> </u>	LIRemove
			□Change
			LIAdd
			[]Remove
			□Change
		<u> </u>	🗆 Add
			🗆 Remove
			Change
			□ □ Add
			LIRemove
			□Change
	<u></u>		🗆 Add
		······	□Change

••••

e date, if other than the date of filing:	
	······································

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	JUNE 09th 2020	
	Signature of a member	r or authorized representative of a member
	AIMEET	YARRA
	Typed	or printed name of signee