

L20000 142 660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

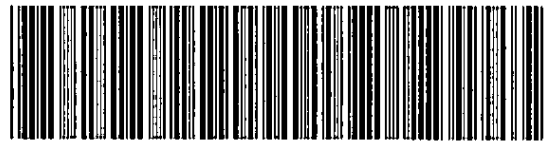
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300370586973

08/03/21--01016--019 **25.00

FILED
2021 AUG -3 PM 3:49
SEC. OF STATE
TALLAHASSEE, FL

D BRUCE
AUG 14 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESMERALDA LANDSCAPING LLC
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:

HEIDY LEMUS
Name of Person

ESMERALDA LANDSCAPING LLC
Firm/Company

3424 NW 29TH STREET APT 101
Address

LAUDERDALE LAKES, FL 33311
City/State and Zip Code

HEIDYLEMUS0000@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDY LEMUS at (954) 793-6024
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
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 AUG -3 PM 3:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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

ESMERALDA 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 05/26/2020 and assigned Florida document number 120000142660.

This amendment is submitted 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
2021 AUG -3 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FL

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: HEIDY LEMUS

New Registered Office Address: 3424 NW 29TH STREET APT 101

Enter Florida street address

LAUDERDALE LAKES, Florida 33311

City

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>	<u>Address</u>	<u>Type of Action</u>
VP	EDIN OSWALDO VASQUEZ MA	3424 NW 29TH STREET APT 101	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HEIDY LEMUS	3424 NW 29TH STREET APT 101	<input checked="" type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33311	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR -3 PM 3:19
 FILED
 TALLAHASSEE
 FLORIDA
 CLERK OF COURT

FILED

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

Multiple horizontal lines for amending information.

2021 AUG -3 1 PM 3:49
STATE OF ALABAMA
FALLMOUNT GOVERNMENT

FILED

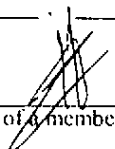
E. Effective date, if other than the date of filing: 08/01/2021 (optional)

(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 JULY 30 2021



Signature of a member or authorized representative of a member

HEIDY LEMUS

Typed or printed name of signee