LICUCO Not 203

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COVER LETTER

SUBJECT:	Name of Limi	ned Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JORGE L LEYVA BAUTI	STA	
		Name of Person	
	LEYVA LAWN & LAND	SCAPING Ile	
		Firm Company	
	3235 SE 144TH PL		
		Address	
	SUMMERFIELD FL 3449	1	
		City/State and Zip Code	
	JORGELEYVA72@ICLOU		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all;	
JORGE		352 480-7531	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address		Strant Address	

Registration Section

Division of Corporations

TO:

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

LEYVA LAWN & 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 Li Florida document number L20000168203	· · ·	06/17 2020 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company	here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	de designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) P. If arounding the registered quant and/or re-		r records, enter the name of the new registered
agent and/or the new registered office addres		r records, enter the name of the new registeren
Name of New Registered Agent:	ANGIE FINLEY	
New Registered Office Address:	8720 SW HWY 200 #7	
	Enter i	Florida street address
	OCALA	Florida ³⁴⁴⁸¹
	City	Zip Code
New Registered Agent's Signature, if changing I	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	JORGE LEYVA	3235 SE 144TH PLACE	
		SUMMERFIELD FL 34491	■Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
			□Change
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			□ Change

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		17.	-	
ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block rument's effective date on the Depa	does not meet the appl	icable statutory tilin	(option ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
cord specifies a delayed effective desired.	ne, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
AUGUST 14	2020			
1990 1	MQ stature of a member or au	despited corresponding	al's member	

Filing Fee: \$25.00