(Requestor's Name)	-
(Address)	
(Address)	
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COVER LETTER

		stration Sec ion of Corp			
SHID IEC		DEMARO H	OLDINGS LLC		
SUBJEC	,l; _		Name of Lim	ited Liability Company	_ _
The enclo	osed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	II correspor	dence concerning this matter	to the following:	
			OBED SAGET		
				Name of Person	
			DEMARO HOLDINGS LI	C	
				Firm/Company	
			2328 10TH AVE N STE 5	01K	
				Address	
			LAKE WORTH, FL 33461		
				City/State and Zip Code	
			ATLASRESOURCECONS		
			E-mail address: (to be used for future annual report notification)
For furth	er inf	ormation co	ncerning this matter, please ea	all:	
OBED S	AGE	Т		954 608-9728 at ()	
		Name of	Person	Area Code Daytime Telepl	none Number
Enclosed	lisad	check for the	tollowing amount:		
■ \$25.0	00 Fi	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address:	
		stration S sion of Co	orporations	Registration Section Division of Corporati	ons
		Box 6327	-	The Centre of Tallaha	
	Talla	ihassee. F	L 32314	2415 N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMARO HOLDINGS LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer lorida document number <u>Li20000174780</u> .	re filed on 06/23/2020 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability	company here:
DEMARO LANDSCAPING LLC	
he new name must be distinguishable and contain the words "Limited Liability C	'ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	S 2023
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	R TO AM 8: 43
. If amending the registered agent and/or registered office addi- gent and/or the new registered office address here:	ess on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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

Zip Code

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>	Type of Action
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
		□Rc	□Remove
			□Add
			Remove
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fective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this block becament's effective date on the De	ock does not meet the app	olicable statutory fili	(option more than 90 days after f ng requirements, this	nal) ling.) Pursuant to 605,02 date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effectiv	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after th
APRIL 2ND	2023			
ited	···································	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or a	_		

Filing Fee: \$25.00