120000191979

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,
(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

. Division of Co L&C Land	orporations dscaping Services LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter		
	Jacqueline Acevedo		
		Name of Person	_
	Jasastsa Business Services	LLC	
		Firm/Company	
	22095 US Hwy 19		
		Address	
	Clearwater, Florida 33765		
		City/State and Zip Code	<u> </u>
	auclearwater@gmail.com		
For further information (e-mail address: (to be used for future annual report notificall:	cation)
Jacqueline Acevedo		727 645-2856 at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	ion
Division of Corporations		Division of Corpe	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&C LANDSCAPING SERVICES 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 $\frac{07/03/2020}{1}$ and assigned Florida document number L20000191979 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: E & C LANDSCAPING SERVICES LLC 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) 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: Enter Florida street 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

, 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
			□Add
			□Remove
			Change
			□Remove
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			□Add
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			Change
			□Remove
			∏ ("bange

`an effecti Vote: If t	date, if other than the date of filing: (optional) (
record splis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Leonardo Csv4. Typed or printed name of signee

Filing Fee: \$25.00