

L20000207289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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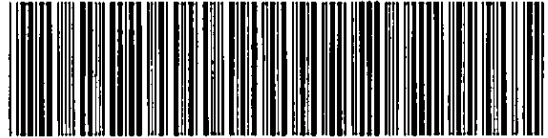
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEE JONES LANDSCAPING  
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:

JEROME L. JONES SR  
Name of Person

LEE JONES LANDSCAPING  
Firm/Company

17940 N.W. 43 CT  
Address

MIAMI GARDENS, FLA. 33055  
City/State and Zip Code

JEROME.JONES311@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME JONES SR. at (305) 389-5297  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

LEE JONES LANDSCAPING

(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 7-12-2020 and assigned  
Florida document number L20000207289  
7-12-2020

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LEE JONES LANDSCAPING "LLC" 85-1929306

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)**

17940 N.W. 43 CT.

MIAMI GARDEN, FLA. 33055

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME

**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:**

JEROME L. JONES SR.

**New Registered Office Address:**

17940 N.W. 43 CT. Miami, FLA. 33055

Enter Florida street address

MIAMI, GARDENS

City

Florida

33055

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.*

Jerome L. Jones Sr.

**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>
<u>MGR</u>	<u>JEROME JONES SR.</u>	<u>17940 N.W. 43 CT</u> <u>MIAMI, GARDENS FLA. 33055</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JASON JONES</u>	<u>17940 N.W. 43 CT</u> <u>MIAMI GARDEN, FLA. 33055</u>	<input checked="" 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
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**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.

Dated 7-12-20 MAIL OUT  
11-20-20.

Jason Pamela Harris Jones  
Authorized representative of a member

Signature of a member or authorized representative of a member

JASON JAMAL JWAHNI JONES

Typed or printed name of signee