## 120000210659

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| ertified Copies Certificates of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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C. GOLDEN SEP 2 0 2020

## **COVER LETTER**

| ro:   |   |                               |  |   |  |
|---|---|-------------------------------|--|---|--|
| nia na  |   |                               |  |   |  |
| SUBJEC  | JI:   | Name of Limi                  | ited Liability Company   | <del></del>                                   |  |
| The encl  | osed Articles of a                              | Amendment and fee(s) are sub- | mitted for filing.   |   |  |
| lease re  | eturn all correspo                              | ndence concerning this matter | to the following:  |   |  |
|   |   | GABRIELA DE LOS SAN           | TTOS   |   |  |
|   |   |                               | Name of Person   | <del>,</del> ,                                |  |
|   |   | CARDINAL CUTS LAND            | SCAPING, LLC   |   |  |
| GABRIELA DE LOS SANTOS  Name of Person  CARDINAL CUTS LANDSCAPING, LLC  Firm/Company  237 ASHLEY RD  Address  MASCOTTE, FL 34753  City/State and Zip Code  CARDINALCUTSLANDSCAPING@GMAIL.COM  1:-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:   |   |                               |  |   |  |
|   |   | 237 ASHLEY RD                 |  |   |  |
| Name of Person  CARDINAL CUTS LANDSCAPING, LLC  Firm/Company  237 ASHLEY RD  Address  MASCOTTE, FL 34753  City/State and Zip Code  CARDINALCUTSLANDSCAPING@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GABRIELA DE LOS SANTOS  Name of Person  Area Code  Daytime Telephone Number  inclused is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Opy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee |   |                               |  |   |  |
|   |   | MASCOTTE, FL 34753            |  |   |  |
| City/State and Zip Code CARDINALCUTSLANDSCAPING@GMAIL.COM   |   |                               |  |   |  |
|   |   |                               | <del>-</del>   | (fication)                                    |  |
| or furth  | er information co                               |                               | ·  | incation                                      |  |
| GABRII  | ELA DE LOS SA                                   | NTOS                          |  |   |  |
|   | Name of   | Person                        | at ()<br>Area Code Daytim  | ne Telephone Number                           |  |
| Enclosed  | I is a check for th                             | e following amount:           |  |   |  |
| <b>≡</b> \$25   | 00 Filing Fee                                   |                               | Certified Copy   | Certificate of Status &                       |  |
|   | Registration S<br>Division of C<br>P.O. Box 632 | Section<br>orporations<br>7   | Registration Se<br>Division of Col<br>The Centre of T<br>2415 N. Monro | Registration Section Division of Corporations |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARDINAL CUTS LANDSCAPING, LLC

2250 31 MMO: 05

(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 JULY 20,2020 and assigned florida document number 1.20000210659

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 "LLC."

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)

3. 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

f 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>l'itle</u> | <u>Name</u>            | Address                     | Type of Action |
|---------------|------------------------|-----------------------------|----------------|
| \MBR          | GABRIELA DE LOS SANTOS | 237 ASHLEY RD, MASCOTTE, FL | ■Add           |
|               |                        |                             | □Remove        |
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|  | JULY 20, 2020  |                                       |
| Note: If the date inserted in                  | te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. | t to 605.0207 (3)<br>be listed as the |
| e record specifies a delayed e<br>rd is filed. | fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.   | ay after the                          |
| Dated  | 2020   |                                       |
| Dated  |  |                                       |
|  |  |                                       |
|  | Signature of a member or authorized representative of a member   |                                       |
| Cabr   | Ela de las Santos<br>Typed or printed name of signee   |                                       |