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COVER LETTER

TO: Registration ! Division of Co					
	n Landscape ELC	·		•	
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Macario Gonzalez				
		Name of Person			
	Equestrian Landscape LLC				
		Firm/Company	<u>-</u> -		
	1047 Goldenrod Rd Apt B			2021 FI	race ar
		Address		E8 2	7
	Wellington Fl 33414		:	\sim	4
	akirag50@yahoo.com	City/State and Zip Code	THE STATE OF THE S	PH 3: 0:	ag II ,
	E-mail address: (to be used for future annual report notil	fication)	05	
For further information	concerning this matter, please c	all;			
Macario Gonzalez		561 2911035			
Name	of Person		e Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filir Certificate Certified C radditional co	of Status lopy	
Mailing Addry Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equestrian Landscape LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comparting Horida document number L20000254235	ny were filed on $\frac{08/18/20}{}$	020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Equestrian Landscape & Cleaning Services LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	N/A	202	
(Principal office address MUST BE A STREET ADDRESS)			
		ī. N	
Enter new mailing address, if applicable:	N/A		j jij ≨ rezan
Mailing address MAY BE A POST OFFICE BOX)		- 17 0, 0	≟ }
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name of</u>	the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	vet address	
		, Florida	
	City		p 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.

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
AMBR	Maria De Rosario Martinez	1047 Golden RD AptB	≣Add
		Wellington, FL 33414	□Remove
			□Change
			□Remove
			C P Add
			22 P □ Remove 33 O □ Change
<u>-</u>			□Add
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in offectiv <u>ote:</u> If t	ve date is listed he date insert	er than the da , the date must be ed in this block tte on the Depa	specific and control of the second se	annot be prior	able statutory	gor more than 9 filing require	(optional O days after filing ments, this date		t to 605,02- be listed :
ecord sp is filed.	occifies a dela	yed effective da	ate, but not a	n effective ti	me, at 12:01;	a.m. on the ea	rlier of: (b) T	he 90th da	ıy after th
ted Feb	ruary 18) 	-	2021	- · 2_				
		Sig	nature of a me	mber or autho	rized represent	ative of a mem	her	·	
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Filing Fee: \$25.00