

L20000255307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

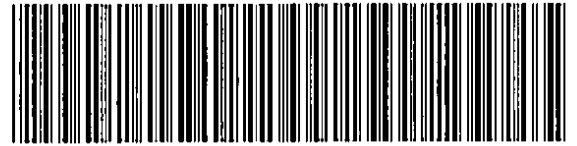
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000076907

Office Use Only



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*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2023

ANTHONY ANTOINE  
3963 CLASSIC CT  
WEST PALM BEACH, FL 33417 US

SUBJECT: NOUVEL HORIZON ONLY TREE TRIMMING  
Ref. Number: W23000076907

We have received your document for NOUVEL HORIZON ONLY TREE TRIMMING and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

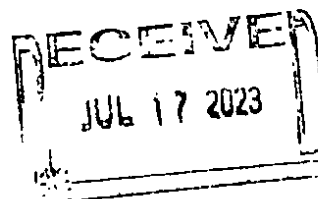
YOU HAVE SUBMITTED THE WRONG FORM AND FEES FOR THE CONVERSION. I HAVE ENCLOSED THE CORRECT FORM FOR YOU. RESUBMIT AND SEND TO THE AMENDMENT SECTION FOR FILING. IT SEEMS THAT YOU ARE TRYING TO FILE A NAME CHANGE, YOU ALSO NEED TO ADD THE ENDING SUFFIX FOR PROPER INDEXING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 123A00012450



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NOUVEL HORIZON ONLY TREE TRIMMING LLC

\_\_\_\_\_  
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:

ANTHONY ANTOINE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3963 CLASSIC CT

\_\_\_\_\_  
Address

WEST PALM BEACH FL 33417

\_\_\_\_\_  
City/State and Zip Code

ANTOINE024@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY ANTOINE

561

480-6452

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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

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

NOUVEL HORIZON ONLY TREE TRIMMING 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 08/19/2020 and assigned  
Florida document number L200000255307.

This amendment is submitted to amend the following:

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

NOUVEL HORIZON: TREE SERVICES-LAWN MAINTENANCE & MORE 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)**

3963 CLASSIC CT

WEST PALM BEACH FL 33417

**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:

ANTHONY ANTOINE

New Registered Office Address:

3963 CLASSIC CT

*Enter Florida street address*

WEST PALM BEACH

*City*

Florida 33417

*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.*

  
Anthony Antoine  
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>
MGR	ANTHONY, ANTOINE	3963 CLASSIC CT WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONAS , ST FLET		<input checked="" type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/30/2023, \_\_\_\_\_

Antoine Anthony  
Signature of a member

Signature of a member or authorized representative of a member

ANTHONY ANTOINE

Typed or printed name of signee

**Filing Fee: \$25.00**