L20000275891

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

TAVERA'S LANDSCAPING, LLC.
SUBJECT: _____
<div align="center">Name of Limited Liability Company</div>

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE B TAVERA
_____
<div align="center">Name of Person</div>

_____
<div align="center">Firm/Company</div>

612 WISTERIA AVE
_____
<div align="center">Address</div>

FORT PIERCE FL 34982
_____
<div align="center">City, State and Zip Code</div>

_____
<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

FRANCISCO TAVERA   772   3537372
_____ at (_____) _____
<div align="center">Name of Person   Area Code   Daytime Telephone Number</div>

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☒ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                   Certificate of Status   Certified Copy   Certificate of Status &
                                        (additional copy is enclosed)   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

TAVERA'S LANDSCAPING, LLC
_____

The Articles of Organization for this Limited Liability Company were filed on <u>SEPTEMBER 03, 2020</u> and assigned

Florida document number <u>L20000275891</u>.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City   *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.

_____
If Changing Registered Agent, <u>Signature of New Registered Agent</u>

- If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR =   Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TAVERA, JOSE B	612 WISTERIA AVE	☐ Add
		FORT PIERCE FL 34982	■ Remove
			☐ Change
AMBR	TAVERA, FRANCISCO	612 WISTERIA AVE	■ Add
		FORT PIERCE FL 34982	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 ___MAY 5TH_____   ___2021___

_____Jos B Tavera_____
Signature of a member or authorized representative of a member

JOSE B TAVERA
_____
Typed or printed name of signee

Filing Fee: $35.00