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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	I&M Landscaping LLC		
	· <del>-</del>		
	Name of Lim	ited Liability Company	
sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
ırn all correspo	ndence concerning this matter	to the following:	
	Ana M Melendez		
		Name of Person	
	EL MAN M&M Landscap	ing LLC	
		Firm/Company	
	P.O. Box 678960		
	<del></del>	Address	<del></del>
	Orlando, FL 32867		
	·	City/State and Zip Code	<del></del>
			ication)
r information co	oncerning this matter, please co	all:	
elendez		321 287-815	
Name of	f Person		e Telephone Number
s a check for th	ne following amount:		
0 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)
Registration S	Section	Street Address: Registration Sec	
	r information coelendez  Name of Sa check for the O Filing Fee Registration S	Ana M Melendez  EL MAN M&M Landscap  P.O. Box 678960  Orlando, FL 32867  elmanlandscaping@gmail.c  E-mail address: (  r information concerning this matter, please excelendez  Name of Person  is a check for the following amount:  0 Filing Fee  \$\Begin{array}(100) \text{ \$\text{30.00} \text{ Filing Fee & } \$\text{\$\tex	Name of Person

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL MAN M&M Landscapping LLC			
(Name of the Limited Liability (A Florida	Company as it now appears on our records Limited Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/09/2020		and assigned
Florida document number L2000 <b>2</b> 80757			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		177	-20
(Principal office address MUST BE A STREET ADDRI	ESS)	교명 <u>교육</u>	20
			404
			1
Enter new mailing address, if applicable:			च गा
(Mailing address MAY BE A POST OFFICE BOX)			7
maning address Mile BE 111 OFF OFFICE BOTH		•	- <del>1</del> 19
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of	the new regis
Name of New Registered Agent:			
New Registered Office Address:			
<del></del> -	Enter Florida street addres.	S	
		orida	
	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 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	Hector G Martinez Sevilla	9344 Chandon Dr. Orlando, FL 32825	
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