## L20 000307931

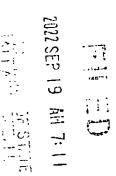
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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DEC 2 J 2022

## **COVER LETTER**

TO:	Registration Se Division of Cor			•
		CAUICI	LAWN CARE LLC	:
SUBJ	ECT:	Name of Lim	ited Liability Company	_ <del></del>
		Amendment and fee(s) are sub	Ü	
Please	return all correspo	ndence concerning this matter	to the following:	
			LUIS RUIZ CAUICH	
			Name of Person	
		C	AUICH LAWN CARE LLC	
			Firm/Company	
		6	15 MARTIN LUTHER KING JR	DR
			Address	<u> </u>
			JACKSONVILLE. FL 32234	
			City/State and Zip Code	<del></del>
		E mail address: (	julsward1@gmail.com to be used for future annual report no	atification
For fu	rther information c	oncerning this matter, please c	·	onication)
	LUIS R CAUIC	СН	720 530-537	28
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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 Addres Registration S		Street Address: Registration S	Section
	Division of C	orporations	Division of C	orporations
	P.O. Box 632 Tallahassee, I		The Centre of	Tallahassee roe Street, Suite 810
	rananassee, I	. L UAU 17	4412 IN. IVIUIII	ioc bucci, built ord

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	AUICH LAWN CARE LLC	2022 SEP 19	AH 7: 11
(Name of the Limi	ted Liability Company as it now apper (A Florida Limited Liability Company)	urs on our records.)	TESTATE
The Articles of Organization for this Limited L	iability Company were filed on _	09/29/2020	and assigned
Florida document numberL2000030793			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability company h	nere:	
	ONSTRUCTION & REMODELING		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applie	eable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, <u>enter the name</u>	of the new registe
Name of New Registered Agent:		N/A	
New Registered Office Address:			
	Enter Flo	orida 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 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
N/A	N/A 	NO CHANGES	□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			\ \_Add
			Remove
			□Change
			□Remove
		<del>-1.</del>	□Change
			□Add
			□Remove
			Псь

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Filing Fee: \$25.00