

L20000311643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

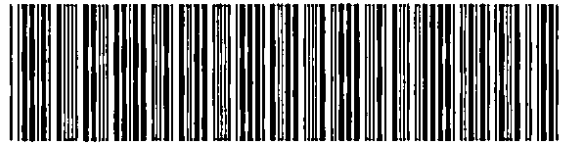
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500353753235

10/19/20--01018--003 **25.00

FILED
2020 OCT 19 PM 12:52
M. SOLOVICH

NOV 20 2020
M. SOLOVICH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAVEZ FAMILY LAWN CARE 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:

Jose Chavez

Name of Person

Firm/Company

1215 Barnsdale St

Address

Lehigh Acres FL 33936

City/State and Zip Code

incorporatemyroute@gmail.com

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

For further information concerning this matter, please call:

Jose Chavez

239

851-8937

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

2020 OCT 19 PM 12:52

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

CHAVEZ FAMILY LAWN CARE 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 10/02/2020 and assigned
Florida document number L20000311643.

This amendment is submitted to amend the following:

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

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)

Jose Chavez

1215 Barnsdale St

Lehigh Acres FL 33936

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Jose Chavez

1215 Barnsdale St

Lehigh Acres FL 33936

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:

Jose Chavez

New Registered Office Address:

1215 Barnsdale St

Enter Florida street address

Lehigh Acres


Florida 33936

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, Signature of New Registered Agent

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a
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	Adrian Chavez	433 Vanetta Dr	<input type="checkbox"/> Add
		Lehigh Acres FL 33972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Chavez	1215 Barnsdale St	<input checked="" type="checkbox"/> Add
		Lehigh Acres Fl 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 06 19 PM 12:52

FILED

2011-01-01

2020 OCT 19 PM 12:52

100

(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.

Dated October 14, 2020

Signature of a member or authorized representative of a member

Jose Chavez

Jose Chavez

Typed or printed name of signee