120000313624

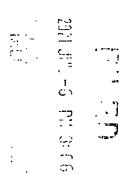
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Corp	porations					
/11. N. 11. CT	ALEX'S LA	WN & LANDSCAPING LLC	•				
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		EDITH GUADALUPE-BL	_AS				
			Name of Person				
			Firm/Company	<u> </u>			
		1408 6TH AVE E					
			Address				
		PALMETTO, FL 34221				· '	163
			City/State and Zip Code	<u> </u>		-	2071 JHZ -6
		E-mail address: (to be used for future annual	report notification	on)		6
For further is	nformation co	oncerning this matter, please co	all:				
EDITH GU.	ADALUPE-F	BLAS		55-7660			() () ()
	Name of	Person	Area Code	Daytime Tek	ephone Number	•	<i>3</i> 11
Enclosed is	a check for th	e following amount:					
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		S60.00 Fili Certificate Certified (additional o	e of Statu Copy	
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	Registra	T/COURIER : tion Section t of Corporation Building			

2661 Executive Center Circle

Tallahassee, FL 32301

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

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000313624	were filed on 10/05/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
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 of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	the name of the ne
Name of New Registered Agent:		, (2)
New Registered Office Address:		<u>621</u>
	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, 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>	Address	Type of Action
MGR	ALEXIS FUENTAS	1408 6TH AVE E	
		PALMETTO, FL 34221	■ Remove
			☐ Change
MGR	EDITH GUADALUPE-BLAS	1408 6TH AVE E	<u></u> ■ Add
		PALMETTO, FL 34221	□ Remove
			☐ Change
MGR	Paloma Portillo Hernandez	6321 279TH ST E	■ Add
		MYAKKA CITY, FL 34251	- O Remove
			□ Change
			☐ Add ☐ ☐ ☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Character Character

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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. JUNE 25 Signature of a member or authorized representative of a member			****
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COUTH CHADALLIDE DIAS	Edith a	Signature of a member or authorized representative of a n	nember

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO:	_	stration Section tion of Corporations				
SUBJ	ECT:	ALEX'S LAWN & LAN	IDSCAPI	NG LLC		
		(Name	e of Limited	I Liability Co	enipany)	
The er	nelosed	d member, resignation or	dissociati	on and fee(s) are submitted for filing.	
Please	return	all correspondence conc	erning thi	s matter to	:	
EDIT	H GU	ADALUPE-BLAS				
		(Contact Person)	-			
		.,,			_	
		(Firm/Company)				
1408	6TH	AVE E				-
		(Address)				
PALN	ИΕΤΤ	O, FL 34221				
		(City/State and Zip Cod	e)	-	_	
For fu	irther ii	nformation concerning th	is matter.	please call	:	
EDIT	H GU	ADALUPE-BLAS	а	941	465-7660	
	(1)	lame of Contact Person)			le & Daytime Telephone Numb	oer)
	sed plo 5 Filing	ease find a check made pa g Fee			Department of State for: ng Fee & Certified Copy	
Regis Divisi Clifto 2661	tration ion of (n Build Execut	OURIER ADDRESS: Section Corporations ding tive Center Circle Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the F	lorida Depart	ment
2. The Florida docu L20000313624	<u> </u>	ssigned to this limited liability co	mpany is: i:: 06/01/2021	2921 JUI
3. The date this mer	nber/manager withdrew/resi	igned or will withdraw/resign is:	06/01/2021	। _ ८०
4. I. ALEXIS FUE	NTAS	, hereby withdraw/resign as		Ę.
(Print No	ime of Person Resigning)			ယ
MGR			; - :	0
(Print Title)			
of this limited liab		e limited liability company has b	een notified o	f my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ning Manager		