

L20000335866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

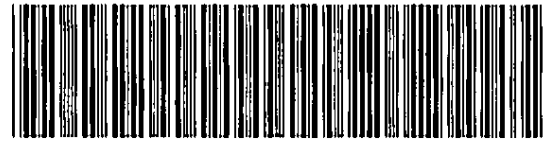
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21 DEC 19 AM 8:28

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Name Change

JAN 22 2021

D CUSHING

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THO BROTHERS LAWN SERVICES 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:

JORGE D RUEDA  
 \_\_\_\_\_  
 Name of Person

A COUPLES TAX INC  
 \_\_\_\_\_  
 Firm/Company

10195 W SAMPLE RD  
 \_\_\_\_\_  
 Address

CORAL SPRINGS FL 33065  
 \_\_\_\_\_  
 City/State and Zip Code

INFO@ACOUPLESTAX.COM  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

RECEIVED  
 21 DEC 19 AM 8:28  
 REGISTRATION SECTION  
 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JORGE D RUEDA                                      954      2425144  
 \_\_\_\_\_ 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2020

JUAN G SALMERON  
TWO BROTHERS LAWN SERVICES LLC  
8810 W SAMPLE RD., APT 10  
CORAL SPRINGS, FL 33065

SUBJECT: THO BROTHERS LAWN SERVICES LLC  
Ref. Number: L20000335866

We have received your document for THO BROTHERS LAWN SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 320A00026141

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

THO BROTHERS LAWN SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

21 OCT 19 AM 8:28  
STATE

The Articles of Organization for this Limited Liability Company were filed on 10/22/2020 and assigned  
Florida document number L20000335866.

This amendment is submitted to amend the following:

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

SALMERON LANDSCAPING LLC

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, enter the name of the new registered agent and/or the new registered office address here:**

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, Signature of New Registered Agent**



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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 JANUARY 1 2021

Juan Salmeron

Signature of a member or authorized representative of a member

JUAN SALMERON

Typed or printed name of signee