## L20000357873

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	_
Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	

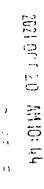
Office Use Only

A. RIVERS



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: lady maria lar	desapina 110
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Daissy Ida	rraga Name of Person
\ F.D. Q.G. \	Firm/Company
15732 Art	gonla 5+ Address
Orl. PL	32828 City/State and Zin Code
ladymaria: E-mail addre	City/State and Zip Code  Aree Services & g mail.com ss: (to be used for future annual report notification)
For further information concerning this matter, plea	
Daissy Larraga Name of Person	at ( <u>HOT</u> ) <u>T32-8264</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1ary maria lands capi (Name of the Limited Liability Com)	pany as it now appears on our records.) d Liability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 1113/2020 and assigned
lorida document number 12000357873	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	shility company here:
lady maria Tree Services IIC he new name must be distinguishable and contain the words "Limited Lia	bility 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)	
3. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registered
gent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida Zip Code.
Vew Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
mbr	Oomingo Tavarez	15732 trigonia st orl. FL	328286Add
			□ Remove
		<del></del>	□Change
			□Add
			□Remove
			Change
<del></del>			□Add
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<u>te:</u> If	e date, if other than the date of filing:	)5.020 sted a
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ed	Octobe 18 . 2021.	
	Signature of a merker or authorized representative of a member	
	Cinnature of a more than an authorized representative of a marchage	

Filing Fee: \$25.00