## KZ1000047031

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Continental Core Dvilleries & The Devoice 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:
Jennifer y Flores Rivera
Continental Care Dilling of Tree Service CCC
145 Lieca Lin Address
Kissimonee H 34743 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenster V. Hojes Rivera at 252 290-1492  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigsquare\$ \$30.00 Filing Fee & \$\Bigsquare\$ \$55.00 Filing Fee & \$\Bigsquare\$ \$60.00 Filing Fee. Certificate of Status \$\Bigsquare\$ Certified Copy (additional copy is enclosed) \$\Bigsquare\$ Certified Copy (additional copy is enclosed)
Mailing Address:  Street Address:  Pagistration Section

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

Centinental Core Dilling & Tree Service LLC
(Name of the Limited Liability Company agit now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{C(2)(2)}{}$	and assigned
Florida document number <u>L21000047031</u>		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the r	iname of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		5 5
	Enter Florida street address	34
<del></del>	, Florida , Florida	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
AMBR	Jenifer Yari Hore:	Rivera 148 Luca Ln	<b>X</b> Add
1	1	Rivera 148 Luca Ln Kissimmee Fl	34743 □Remove
			□Change
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lfan eff Note:	ve date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated	April 11 . 2021.
	Signature of a member or authorized representative of a member
	Juan M. Villagas Tinaveja Typed or printed name of signee

Filing Fee: \$25.00