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	Registration Sect Division of Corpo			
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SUBJEC	1:	Name of Lim	ited Liability Company	
The encle	osed Articles of A	Address Idea In the following amount: In		
Please ret	urn all correspond	dence concerning this matter	to the following:	
		Contin P.T.II.		
		Candida R Tellez	··	
	• •		Name of Person	
			Firm/Company	
	•	15285 LINCOLN DR		
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	outification)
For furth	er information con	neerning this matter, please ca	all:	
Candida	R Tellez		ane 202	- 111 (17)
	Name of I	Person	at (<u>505</u>) <u>505</u> Area Code Day	time Telephone Number
	••			
Enclosed	P71	,		
≡ \$25,0	00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	Certified Copy	Certificate of Status &
	,			(additional copy is enclosed)
	Mailing Address:			
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	Division of Co P.O. Box 6327	-		· ·
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		Tallahassee	FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEZ LANDSCAPING SOLUTIONS, LLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/19/2021}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	202
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "	
Enter new principal offices address, if applicable:	PR 26
(Principal office address MUST BE A STREET ADDRESS)	3
· · · · · · · · · · · · · · · · · · ·	0
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	iter the name of the new registered
Enter Florida street ac	ldress
City	. Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 6 being filed to merely reflect a change in the registered office address. I hereby confirm company has been notified in writing of this change.	s, and I am familiar with and 05, F.S. Or, if this document is
If Changing Registered Agent, Signato	ure 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 **Type of Action** Address Title **Name** MGR Candida R Tellez 15285 LINCOLN DR \square Add HOMESTEAD, FL 33033 **≅**Remove □ Change 15285 LINCOLN DR **AMBR** Candida R Tellez ≣Add HOMESTEAD, FL 33033 □Remove ☐ Change APR CRemove ___Change ____ □Remove Change \square Add □ Remove □Change \square Add □Remove

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20 Company

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<u>Note:</u> docum	ive date, if other than the date of filing:	(optional) Odays after filing.) Pursuant to 60 ments, this date will not be lis)5.020 sted a
If the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear led.	fier of: (b) The 90th day aft	er the
Dated	April 14 . 2021.		

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