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## **COVER LETTER**

Division of Corporations	
SUBJECT: Garcia's Great Landscaping 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:	
Jose L Carcia Name of Person	
Garcia's Great Landscaping LLC Firm/Company	
366 Auriga Drive	
Orange Park, FL 32073 City/State and Zip Code	
Tose garcia 500 ig 9 amail . Com  E-mail address: (to be used for future andual report notification)  For further information concerning this matter, please call:  Tose Carcia  at (904) 438-3815  Name of Person  Area Code Daytime Telephone Number	• _4
For further information concerning this matter, please call:	
Tose Garcia 1904 428-3815	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$60.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$60.00 Filing Fee.} \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$60.00 Filing Fee.} \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \text{\$ Certified Copy (additional copy is enclosed)} \$\ \equiv \$ Certified Copy (additional copy is enclo	
Mailing Address:  Registration Section  Street Address:  Registration 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

GATCIA'S Great- (Name of the Limited List)	ability Company	SUPING as it now appears of bility Company)	LLC on our records.)	<u></u>	
The Articles of Organization for this Limited Liability Florida document number <u>LA\000A8636</u>		ere filed on <u>C</u>	16/a1/ <u>a</u> 0a1	and assigne	:d
This amendment is submitted to amend the following	3:				
A. If amending name, enter the new name of the		•			
The new name must be distinguishable and contain the words "	Limited Liability	Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C.	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET AL	ODRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered and/or the new registered office address here	ered office ad	N/A dress on our rec	ords, <u>enter the nan</u>	ne of the new re	gistered
Name of New Registered Agent:	N/A			202	
New Registered Office Address:	N/A			T SE	47.44
New Registered Office Address.	N/A	Enter Florida	a street address Florida	N/A	1
	•	City		Zip Code⊐C	5
New Registered Agent's Signature, if changing Regist				<u>ن</u> کیا	_
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nd complete p d agent as pr tered office a	erformance of m ovided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with a , if this docume	nd
		1.			

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
AMBB	Jose L Garcia	366 Auriga Drive	<b>X</b> Add
		366 Auriga Drive Orange Park, FL 3207	3_ □Remove
			□Change
			🗆 Add
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or  ote: If the date inserted in this block does not meet the applicable statutory fi becument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 6	ン 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.r listified.	m, on the earlier of: (b) The 90th day a	fter the
ated September 1st, 2021		
JOSEL-GARCIA		

Filing Fee: \$25.00