

L21000320927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

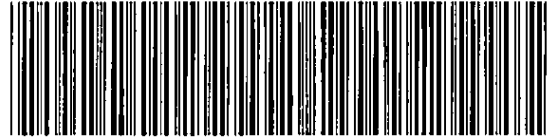
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CLERK OF STATE
TALLAHASSEE, FL

2024 JAN 16 AM 9:43

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Juans TOP Notch Quality Tree care 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:

Verenice Vega Lopez
Name of Person

Juans TOP Notch Quality Tree care LLC
Firm/Company

5241 Clover mist Dr.
Address

Apollo Beach, FL 33572
City/State and Zip Code

topnotchqualitytreecare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Avelar at (813) 633-0045
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

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2024 JAN 16 AM 9:48

SECTION 606
TALLAHASSEE
TALE

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

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

JUANS TOP NOTCH Quality Tree care LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 14 2021 and assigned Florida document number L21000320927.

This amendment is submitted to amend the following:

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

TOP NOTCH Quality Tree care 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)

5241 Clover mist Dr.
Apollo Beach, FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5241 Clover mist Dr.
Apollo Beach, FL 33572

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:

Juan Avelar

New Registered Office Address:

5241 Clover mist Dr.

Enter Florida street address

Apollo Beach

City

Florida

33572

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

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>	<u>Type of Action</u>
MGR	Juan Avelar	5241 Clover mist Dr	<input type="checkbox"/> Add
		Apollo Beach, FL 33572	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Verenice Vega Lopez	5241 Clover mist Dr.	<input type="checkbox"/> Add
		Apollo Beach, FL 33572	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Antonio Garcia ^{Cervantes}	2403 5th St fifth St	<input checked="" type="checkbox"/> Add
		E Ellenton, FL 34222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEC. OF STATE
TALLAHASSEE, FL

2024
JUN 16
AM 9:03

FILED

2024 JUN 16
SECRET
TALAM

FILED
2024 JAN 16 AM 9:30
SEC. OF JUSTICE
TALAMON, JESSIE
(g.) Pursuant to 605.0207 (3)

(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.

Dated December 20, 2023

Verenice Vega Lopez
Typed or printed name of signee